

## **Lincoln University Digital Dissertation**

### **Copyright Statement**

The digital copy of this dissertation is protected by the Copyright Act 1994 (New Zealand).

This dissertation may be consulted by you, provided you comply with the provisions of the Act and the following conditions of use:

- you will use the copy only for the purposes of research or private study
- you will recognise the author's right to be identified as the author of the dissertation and due acknowledgement will be made to the author where appropriate
- you will obtain the author's permission before publishing any material from the dissertation.

**Making sense of child protection practice:**  
**Enabling transformational change**

---

A Dissertation  
submitted in partial fulfilment  
of the requirements for the Degree of  
Master of Planning

at  
Lincoln University  
by  
Hannah Staines

---

Lincoln University  
2019

Abstract of a Dissertation submitted in partial fulfilment of the  
requirements for the Degree of Master of Planning.

Making sense of child protection practice:  
Enabling transformational change  
by  
Hannah Staines

Facilitating organisational transformation in response to changing institutional frameworks can often overlook the intricacies of organisational and everyday practices. Linear behaviour change models which focus on contributing causes and external driving forces dominate today's policy arena. Critics of such models, such as prominent practice theorists Elizabeth Shove and her colleagues, argue that current approaches are often too individualistic and fail to appreciate the influence of social relations, material infrastructures and situational contexts which are integral to the performance of practices. Consideration beyond restrictive behaviour change paradigms opens pathways for achieving transformational change.

The Children's Act 2014 is one example of recent public policy trying to generate transformative organisational change. It has embraced a suite of measures to protect and improve the wellbeing of children at risk of harm and strengthen New Zealand's child protection system. Two key changes include mandating child protection policies for prescribed State services and their funded providers, as well as safety checking processes.

Through applying practice theory concepts, this dissertation is an exploration of child protection policies and processes which have overlooked the complexities of child protection practices. By focussing on a case study of an aeromedical provider contracted by the Ministry of Health, it explains that while policy can provide the rules of what must be done in practice, the interpretation of these rules is dependent on material infrastructures, understanding and know-how, and shared ideas and values. For enabling transformational change and to ultimately achieve desired child protection outcomes it is essential to recognise these key ingredients.

**Keywords:** Child protection, Children's Act 2014, Practice theory, Policy, Transformation.

## Acknowledgements

There are several people who have contributed to the completion of this dissertation and without their invaluable support this could not have been achieved. Firstly, I would like to thank the study participants who generously gave their time. Your willingness to share your thoughts and opinions have been integral to this research.

Thank you to all the teaching staff at Lincoln University who have inspired and motivated me throughout my studies. I would particularly like to acknowledge Hamish Rennie who encouraged my initial research topic and introduced me to my supervisor, Sarah Edwards. Sarah, your advice, honesty, boundless energy and encouragement have been unwavering. Your ability to ask the right questions and challenge my own thinking has been very appreciated and will be fondly remembered.

I would like to thank my Dad, who has provided support from various corners of the globe. Our Skype calls have always been a highlight of my week. I am continually grateful for your wise words, your wit and your inspiration to grasp every opportunity and never give up.

Finally, I wish to express my utmost gratitude to my dear Warrick. I treasure your curiosity and interest in life and feel blessed to have been able to talk through all things planning with you. Without your unconditional love, hugs and belief in me none of this would have been possible. I am excited by our next adventure!

# Table of Contents

<b>Abstract .....</b>	<b>ii</b>
<b>Acknowledgements .....</b>	<b>iii</b>
<b>Table of Contents .....</b>	<b>iv</b>
<b>List of Figures .....</b>	<b>vi</b>
<b>List of Abbreviations .....</b>	<b>vii</b>
<b>Chapter 1 Introduction .....</b>	<b>1</b>
<b>Chapter 2 Literature Review and Policy Context .....</b>	<b>4</b>
2.1 Introduction .....	4
2.2 Child protection and setting the policy agenda .....	4
2.3 International child protection responses.....	5
2.4 New Zealand's child protection law reform.....	6
2.5 The Children's Action Plan .....	7
2.5.1 The Children's Act 2014 .....	7
2.5.2 Child Protection Policies .....	8
2.5.3 Children's worker safety checking .....	8
2.6 Analysing the impact of a legislative changes .....	10
2.7 Practice Theory .....	11
2.8 The three-elements of Social Practice Theory .....	12
2.9 Carriers and movement of practices.....	14
2.10 The fourth element of rules.....	15
2.11 Enacting child protection policy through the lens of practice theory .....	15
2.12 Summary .....	16
<b>Chapter 3 Methodology .....</b>	<b>17</b>
3.1 Introduction .....	17
3.2 Case study methodology.....	17
3.3 Documents.....	18
3.4 Semi-structured interviews.....	19
3.5 Data analysis .....	19
<b>Chapter 4 Results.....</b>	<b>21</b>
4.1 Introduction .....	21
4.2 Bidding for the MOH contract.....	21
4.3 Staffing roles and responsibilities .....	26
4.4 Reporting procedures and frameworks.....	30
4.5 Summary .....	32
<b>Chapter 5 Discussion.....</b>	<b>34</b>
5.1 Introduction .....	34
5.2 A view from the top: Making sense of child protection in the Organisation .....	34

5.3	A practice of child protection in the Organisation?.....	36
5.4	Summary .....	40
<b>Chapter 6 Conclusion .....</b>		<b>41</b>
6.1	Summary of findings .....	41
6.2	Implications.....	42
6.3	Limitations and suggestions for future research .....	43
<b>References .....</b>		<b>45</b>
<b>Appendix A Research Information Sheet .....</b>		<b>50</b>
<b>Appendix B Consent Form.....</b>		<b>52</b>
<b>Appendix C Interview Questions .....</b>		<b>53</b>
C.1	Management team .....	53
C.2	Frontline staff.....	53

## List of Figures

Figure 1. The elements of social practice (From Shove et al., 2012, p. 6). .....	12
Figure 2. Evolution of intra-connections between elements of a practice (From Pantzar & Shove, 2010, p. 450). .....	13
Figure 3. Interconnected elements between the practice of driving and repairing (From Shove et al., 2012, p. 33). .....	14

## **List of Abbreviations**

CAA	Civil Aviation Authority
CRC	Convention on the Rights of the Child
MOH	Ministry of Health
NASO	National Ambulance Sector Office
OECD	The Organisation for Economic Co-operation and Development
UN	United Nations



# Chapter 1

## Introduction

Social policies promising transformational change to critical issues dominate the current policy arena. These policies frequently take a linear approach, targeting individual behaviour as both the precipitator of and solution to the issues (Shove et al., 2012). Enabling change in this manner can often overlook the intricacies of organisational and everyday practices (Shove, 2010; Hargreaves, 2011), and arguably does not create the transformational change it aims to achieve (Swanson et al., 2012). Critiques of this linear approach contend that it is too individualistic, failing to appreciate the influence of social relations, material infrastructures and situational contexts which are integral to changing practices.

The Children's Act 2014 (formerly known as the Vulnerable Children's Act 2014<sup>1</sup>) is a recent example of public policy promising transformative organisational change. In 2011 mounting concerns about high-profile child deaths and increasing abuse notifications to an already pressured welfare system led the Government to undertake steps to reform the child protection system. This included the introduction of new legislation and policy. On 1 July 2014 the Children's Act and related legislation was passed into law. The resulting new Act embraced a suite of comprehensive measures to protect and improve the wellbeing of vulnerable children and strengthen New Zealand's child protection system. Two key measures included safety checking of the children's workforce and the implementation of child protection policies for prescribed State services and their funded providers, including the Ministry of Health (MOH) (Children's Act 2014). Critics of these reforms suggest these measures have been too narrowly focused on individual responsibility and have failed to appreciate the broader economic and structural complexities involved in maintaining child abuse conditions (O'Brien, 2016). Practice theories offer an alternative, more contextualised approach for implementing transformational change.

This dissertation is an exploration of child protection policies and processes which have overlooked the complexities of child protection practices. Specifically, it will focus on a case study of an aeromedical provider contracted by the MOH to explore what child protection measures existed prior to the introduction of the Children's Act 2014 and what changes have been necessary to meet mandated and funding requirements. Through qualitative research methods using semi-structured

---

<sup>1</sup> The Vulnerable Children Act was amended on 21 December 2018 by the Children's Amendment Act 2018. Section 5 of the Children's Amendment Act states the Vulnerable Children's Act will now be known as The Children's Act 2014. This was recommended by the UN Committee on the Rights of the Child to avoid possible stigmatisation from use of the term "vulnerable children" (Human Rights Commission, 2018). Unless otherwise stated, this research will continue to use the term "Children's Act".

interviews and document analysis, I aim to illustrate the organisation's child protection practice and understand its position within everyday working practices. Additionally, this research aims to support the application of legislation to promote "transformational" change, contribute to practice theory literature and expand this literature's relevance to the child protection policy and planning arenas.

Supporting these research aims, a case study of a medium-sized, private organisation in receipt of government funding from the MOH will be examined and the following research questions asked:

- What impact has the enactment of the Children's Act 2014 had on a State services contracted service provider?
- What child protection policies and procedures, if any, existed within the organisation prior to the enactment of the Children's Act 2014?
- What changes, if any, have been necessary to ensure the organisation's compliance with child protection legislative and funding obligations?
- What strategies have been employed by the organisation to support the implementation of any child protection policies and procedures?
- How effective have these strategies been in transforming child protection practices?

While this research will focus on one contracted service provider impacted by child protection legislative changes, it is anticipated the results may have relevance to other organisations grappling with policy changes.

For transparency it is necessary to highlight my particular interest in this research. I have twelve years' experience working in the field of child protection as a professionally trained social worker. This has undoubtedly been influential in shaping my prior understanding of the research topic. It is critical to be mindful of such positions, as well as personal, social and cultural constructs which may colour my worldview and consequently alter research interpretations and representations (Etherington, 2007; Christians, 2000; Edwards & Mauthner, 2002; Berger, 2015).

This dissertation is compiled into six chapters. Commencing with this introduction, Chapter 2 follows and presents the current policy context together with a review of recent academic literature on child protection. Additionally, it explains the theoretical position which informs this study. Chapter 3 describes the methods engaged to conduct this research, including the use of a case-study and semi-structured interviews. Chapter 4 presents the results from a practice theory perspective which has been thematically structured. A discussion follows in Chapter 5 which considers these results together

with the reviewed literature and policy context detailed in Chapter 2. Practice theory principles are applied to illustrate the current practice of child protection within the case study organisation. Consideration is given to whether legislative changes introduced to transform child protection practices have been achieved as the government may have intended. Concluding this dissertation, Chapter 6 presents a summary of the research, poses recommendations for enhancing policy changes through the broader consideration of practices, and offers suggestions for further research in this field.

## Chapter 2

### Literature Review and Policy Context

#### 2.1 Introduction

This chapter sets out a review of relevant national and international academic literature pertinent to the issue of child protection. Fundamental to answering the research question is an understanding of New Zealand's child protection policy agenda. This will be explored by engaging academic and grey literature surrounding the subject. In addition, this chapter will present the theoretical framework through which this research will be examined and provide rationale for its application to the area of study.

#### 2.2 Child protection and setting the policy agenda

*Mankind owes to the child the best that it has to give*

*(League of Nations, 1924)*

In 1924 the League of Nations, the precursory organisation to the United Nations (UN), endorsed the first Declaration of the Rights of the Child, highlighting the fundamental needs of children to ensure their wellbeing (Unicef, 2002). In 1989, the UN General Assembly adopted the Convention on the Rights of the Child (CRC), obligating Member States (of which New Zealand is one) to ensure the "survival, development, protection and participation of children" (Kaufman & Rizzini, 2009, p. 422). It has therefore had a significant influence on the policies and practices of ratifying countries and child advocates have utilised the CRC to generate action and sound arguments based on ethical responsibilities (Freeman, 2007).

As set out in Article 19 of the CRC, all children have the right to be protected from harm (United Nations, 1989). It specifically states Member States shall,

*take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child (ibid, p.8).*

Accordingly, actions must be taken by ratifying countries to prevent child abuse from occurring. This is supported by the UN report on Violence Against Children which states that children's protection and rights in every country require greater attention and establishes that,

*States bear primary responsibility for preventing and responding to violence against children, and for upholding the CRC and other treaties, which guarantee girls and boys everywhere the right to live their lives free from violence (United Nations, 2006, p. xi).*

A child protection paradigm aims to protect and support children at risk of exposure from maltreatment including neglect or abuse from parents or others (Gilbert et al., 2011). According to the CRC, Member States are required to formulate and implement child protection “systems” which include relevant legislation and social policy, data collection and reporting systems, welfare systems, training of professionals, and public awareness campaigns for example (Svevo-Cianci et al., 2010). This interconnected network of measures place significance on multi-layered partnerships and collaboration in order to achieve action to protect every child (Davey, 2012). Fluke and Wulczyn (2010, p. 3) further define a child protection system as a “comprehensive and sustainable approach to preventing and responding to child protection issues, comprising the set of laws, policies, regulations and services required across all social sectors – especially social welfare, education, health, security and justice – to respond to and prevent protection-related risks.” Ensuring a child feels safe by providing an environment which is able to respond to intrinsic vulnerabilities of children is the ultimate goal of any child protection system.

## **2.3 International child protection responses**

Preventing and responding to child abuse has proved challenging to child protection systems around the world. Varying systems have emerged which are reflective of contextual legal and historical foundations within a country. Similar to New Zealand, the countries of Australia, Canada, the United Kingdom, and the United States of America all construct their child protection systems towards a “child protection” orientation, compared to a “family service” orientation observed in several Western European and Scandinavian countries, such as Belgium and Norway (Price-Robertson et al., 2014; Katz et al., 2015). The “child protection” orientation implies parental culpability with ensuing investigation and possible child removal. A “family service” orientation typically leans towards prevention of child maltreatment through the provision of support services (ibid).

Like New Zealand, the demand for services and rising costs have also challenged countries such as Australia and the United Kingdom. Over-representation of children from indigenous and minority groups have added to pressure on child protection systems, hampering cross-agency responses to vulnerable children (Ministry of Social Development, 2015). As a result, review and reformation of child protection systems has also occurred in Australia, the United Kingdom, certain regions of the United States and Canada (Katz et al., 2015). Situations such as tragic child deaths and in-depth enquiries or changing political focus have instigated reviews of such systems which result in an increased focus on early intervention and prevention (ibid).

Within this international context, neoliberal ideology has influenced the reconfiguration of several child protection systems. Governments are attempting to manage fiscal demands and provide greater flexibility and access to services through implementing strategies of marketisation, in turn diminishing the role and responsibility of the state (Katz et.al., 2015). Current policy responses often conform to this neoliberal political economy, focussing on individual behaviour change rather than undertaking more fundamental societal changes (Hargreaves, 2011).

## **2.4 New Zealand's child protection law reform**

Despite endorsing the CRC over 20 years ago, poor outcomes for New Zealand's children have consistently raised concern (D'Souza et al., 2012). In 2009 an OECD report detailing child wellbeing outcomes placed New Zealand's child abuse record in the spotlight, ranking it as fifth worst out of 31 countries (OECD, 2009; Gammon, 2016). It also highlighted the State's lack of investment in child welfare provision compared to OECD standards (ibid). National statistics at the time revealed statutory child protection services had received almost 125,000 notifications of abuse in the year 2009 to 2010, of which half required follow-up action to be taken (Henaghan & Nicholson, 2014). Additionally, failings within the New Zealand foster-care system were reported, combined with escalating rates of re-notifications, and poor educational, welfare and criminal justice outcomes for children in care (Ball et al., 2016; Templeton, et al., 2016). These findings provided evidence of a burgeoning system in need of reform.

In 2011 rt Hon John Key, the Prime Minister stated,

*I'm very concerned that in the past 10 years, despite hundreds of millions of dollars extra being invested across health, education, the benefit system, Child, Youth and Family and the justice system, public services have too often failed the children who need them most. Despite decades of good intentions from government, we're still failing too many of our kids (Ministry of Social Development, 2011, p. i).*

In 2011 the Green Paper for Vulnerable Children opened the debate with the general public regarding how best to improve care and protection of New Zealand's children (ibid). It set out the Government's vision with its title of "Every Child Thrives, Belongs, Achieves". Close to 10,000 submissions were received from children, young people, the general public, professionals and agencies (Ministry of Social Development, 2012a). It was claimed as being one of the largest consultation processes ever undertaken in New Zealand (ibid). Many of the submissions received supported prevention and early intervention strategies and actions by means such as ensuring proficiency and partnerships among the workforce to support children and promoting professional collaboration (ibid).

The White Paper for Vulnerable children was published in 2012 in response to the submissions received on the Green Paper. It proposed measures to support the Government's vision and protect New Zealand's children (Ministry of Social Development, 2012b). These measures focussed heavily on prevention and being "child-centred" and most would be implemented through a suite of legislative and policy changes to support the operationalisation of the White Paper (Keddell, 2018). The spirit of partnership and cooperation were promoted through cross-government involvement, and a cross-sector action plan was produced to provide the strategic framework detailing the steps required to safeguard New Zealand's vulnerable children. This became known as the Children's Action Plan<sup>2</sup> (Children's Act 2014). The effectiveness of influencing child wellbeing through employing such a "high-level policy approach" has been questioned by the OECD (OECD, 2009, p. 165). It has been shown that when compared with OECD standards, New Zealand's investment in child welfare services has been limited (D'Souza et al., 2012). However, the fiscal benefits of this policy approach have been acknowledged (OECD, 2009), but this may further reflect the country's policy advisors' priority of fiscal balance over "distributive justice and poverty relief" (Boston & Chapple, 2014, p. 13).

## **2.5 The Children's Action Plan**

This dynamic document administered by the Children's Action Plan Directorate, is to be continually updated as progress is made towards reaching the aspirations contained in the White Paper (Children's Action Plan, 2015a). The Children's Action Plan initially detailed several measures required to keep children safe, including among others:

1. the introduction of the Children's Act 2014;
2. the introduction of child protection policies mandated under the Act
3. the introduction of new obligations for children's worker safety checking.

The Children's Action Plan promoted the concept that everyone has a responsibility to protect children from harm and together, the Children's Action Plan and Children's Act set about introducing significant changes to New Zealand's child protection system.

### **2.5.1 The Children's Act 2014**

Enacted on 1<sup>st</sup> July 2014, the Children's Act legislates comprehensive measures to protect and improve the wellbeing of vulnerable children and aims to strengthen New Zealand's child protection sector. These include the development and implementation of child protection policies, as well as vetting and screening processes to check staff suitability to work around children. To emphasise shared

---

<sup>2</sup> On 21<sup>st</sup> December 2018, the Children's Amendment Act 2018 replaced part 1 of the Children's Act which detailed the Children's Action Plan with the "Strategy for improving children's well-being and oranga tamariki action plan". For ease of reference this research will continue to use the term "Children's Action Plan".

responsibility of child protection, the Act extends a definition of children's workers to include every employee and contractor working with children in State-funded services.

### **2.5.2 Child Protection Policies**

The Children's Act 2014 directs identified State services, for example the MOH, to adopt a child protection policy (Children's Act 2014). Further, it requires organisations contracted by these State services to comply with this direction if they are considered to provide a service involving children. These policies must make provision for identification and reporting of child abuse and neglect. Underlying this mandate is a recognition that child protection policy development can promote an organisational culture which is committed to supporting children at risk of harm and ensure help is accessed in a timely and appropriate manner (Children's Action Plan, 2015a). These policies must be updated every three years and describe the organisation's child protection processes and procedures.

In several countries around the world, including Sweden and certain states within Australia (Pryce-Robertson et al., 2014), mandatory reporting has been written into legislation. This has been debated in New Zealand over the last thirty years and was revisited in response to the Green Paper (Lawson & Niven, 2014). Much discussion hinged on evidence showing increased pressure on child protection services leading to more children failing to receive appropriate and timely interventions in countries where mandatory reporting of child abuse exists (Ministry for Social Development, 2012b). It was also believed the reporting of abuse within New Zealand was not an issue (ibid). For these reasons mandatory reporting was not introduced, and the resulting legislation instead pursued regulating the requirement for child protection policies.

The introduction of compulsory child protection policies for agencies working with children was just one of the initiatives raising expectations on agencies to ensure effective and timely recognition and reporting of suspected child abuse and neglect. However, the content of these policies is not legally binding and timeframes for implementation of child protection policies have remained unclear with the Children's Act quoting adoption "as soon as practicable" (Children's Act 2014, s 16(b)). Other stipulations of the Act require a copy of the policy to be made available on an organisation's website, that it is reviewed within 3 years of the date of its first adoption or most recent review, and where forming part of a contractual or funding arrangement it is reported on to demonstrate compliance (ibid).

### **2.5.3 Children's worker safety checking**

The Children's Action Plan recognised that consistent, robust vetting and screening processes can help reduce the risk of employing a person who may pose a risk to children or the organisation (Children's Action Plan, 2015b). Through the Children's Act, regulatory safety checking requirements and



standards were introduced for all children's workers, extending to any of the State services (Children's Act 2014). It also included those services provided by individuals and organisations through contractual or funding arrangements to the State (ibid).

Safety checking involves a rigorous process of police vetting, candidate interview, referee checks, an identity check and risk assessment. Certain restrictions have also been implemented to prevent people with certain convictions from holding roles which involve working alone with, or having primary responsibility for, children. Following the initial safety check, organisations are required to undertake periodic checks every 3 years.

To support organisations with child-safe recruitment practices, information developed by the Children's Action Plan has been developed which can assist organisations with interpreting and applying the Children's Act 2014 (Children's Action Plan, 2015b). The Ministry of Education has also collaborated with Child Matters, the only national charitable organisation specialising in child abuse prevention, to develop "best practice guidelines" for government-funded paid employees (Child Matters, n.d.). These guidelines suggest tools and techniques to be used as part of an organisation's recruitment process for all roles that involve contact with children.

Criminal record screening is widely accepted to provide one aspect of comprehensive recruitment. As discussed by Child Matters (n.d) and stated by Sylvan & Franco (2008, p. 9), comprehensive recruitment is one "component of a multi-faceted system required to safeguard children and young people". However as concluded by Irenyi et al., (2006, p. 17), while screening acts as a deterrent to those wishing to gain access to children in order to cause harm, it is "not without its limitations". Processes to review workforce criminal histories through systems of vetting have been implemented in both United Kingdom and Australia. Critics in the United Kingdom suggest criminal history checks do not guarantee that a person is not a threat. Instead it has been suggested that "most child abuse goes unreported" (Gill, 2007, p. 47). In addition, over-reliance on costly screening practices can mean some agencies are "unable to implement other measures, such as training and awareness-raising, which could be more effective in protecting children from abuse" (ibid, pp. 46-48). Literature from Australia has contributed to the analysis of screening practices. Budiselik et al., (2009) highlight several limitations in checking criminal histories. These included the inability to gather information from differing jurisdictions, both nationally and internationally; the ability to apply exemptions to remove the need to screen, and the failure to screen relevant records of people who do not have a criminal record.

## 2.6 Analysing the impact of a legislative changes

Outlined above are just a few of the reforms driving the imperative for all agencies to work together to protect vulnerable children. Critics suggest the government believed such measures would encourage greater social investment, reduce economic and social burden on the state and enhance service effectiveness (Keddell, 2016). In an interim report supporting the business case to review the child welfare service, it was stated that,

*...all New Zealanders have a personal responsibility to identify children who are potentially at risk, champion the rights of those children, and find practical day-to-day ways of helping parents and communities to care” (Ministry of Social Development, 2015, p. 5).*

However, O’Brien (2016) argues that framing the child protection reviews in individual, market-driven terms negates economic and structural forces involved in creating and sustaining the conditions in which child abuse flourishes.

Behaviour change models which focus primarily on the individual rather than the context in which the behaviours occur appear to dominate much of the social policy sphere (Shove, 2010). Shove (2010) further suggests such an approach to policy often uses narrow interpretations of behaviour change literature to reinforce the status quo. Policies neglecting the influence of social contexts on individual cognitive beliefs, attitudes and motivations have been heavily criticised and found unsuccessful when personal behaviours are considered outcomes of linear and rational decisions (Hargreaves, 2011). Swanson et al., (2012) concur, highlighting that “mechanistic perspectives” of behaviour change are unlikely to achieve transformational change and challenge these more dominant social behavioural change models. Rouse (2007, as cited in Swanson et al., 2012, p. iv58) expands this by demonstrating how such paradigms lead to “detailed incentives and regulations from the top-down”, and Cadman (2013) suggests they can lead to “box ticking” to achieve minimum compliance standards. However, Blue (2016) suggest policies that do recognise social and structural contexts may still reproduce individualistic solutions.

The theory of social practice has been valuable for analysing everyday practices as well as those associated with environmental sustainability and climate change (Cox & Bunte, 2018; Shove, 2010; Hargreaves, 2011; Judson & Maller, 2014), and public health (Blue, 2016). As I will go on to explain, the theoretical literature presents a relevant foundational framework which can be applied to analyse and understand how legislative child protection mandates have impacted the practice of child protection within this research context.

## 2.7 Practice Theory

Practice theories posit that an individual's behaviour is shaped in the context of social practices. These include everyday practices such as driving or cooking, professional practices such as nursing or teaching, and cultural practices which can identify a social group, for example going to church. In this way, practices are structured activities which are essentially social occurrences, and their performance requires collectively acquired competences, shared meanings and mutual perspectives (Warde, 2005).

Theories of social practice present a way to understand why people undertake certain practices in their everyday lives. Social practice theory offers an analytical framework from which to consider and examine these to understand why practices are performed and maintained by individuals (Reckwitz, 2002; Shove et al., 2012). Unlike dominant social change models, such as the ABC approach, that prioritise individual Attitudes, Beliefs, and Choices as predictive of behaviour (Shove, 2010), social practice theories draw attention to the practice being performed. It recognises that individuals carry out activities and tasks which all contribute to a practice (Hargreaves, 2011). Strengers (2010) suggests that focussing on an individual's beliefs, values and attitudes without asking why they hold these, may assign responsibility for behaviours on these factors rather than on the specific practices the individual engages in.

Concepts of practice recognise practices are constructed of several individual elements which are interconnected (Reckwitz, 2002). Reckwitz (2002) suggests these interrelations include "bodily knowledge, forms of mental activities, 'things' and their use" (p. 250). In this context, practices are not considered to be the result of individuals' behaviour and attitude, rather practices become embedded within the construct of habitual and routinised social practices (Warde, 2005). Through repeated undertakings of these activities and tasks, individuals develop skills which support them to make meaning of their world. Together with the material objects used to undertake the practice, behaviour is subsequently affected by these developed skills and created meanings.

An example of a social practice has been illustrated by Panztar and Shove (2010) and Shove and Pantzar (2005) with regards to the practice of Nordic Walking. Such practice involves bipedal movement at speed with two walking poles. It incorporates the interconnected elements typical of social practices. It requires the material elements of the walking poles, combined with the physical skill and dexterity to use these poles, a common understanding of the rules and norms surrounding Nordic Walking, and the meanings that participants associate with engaging in such a sporting practice. Without these critical elements, the practice of Nordic walking would be impossible.

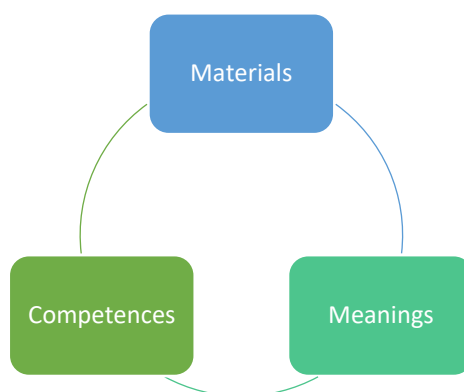
To successfully establish or change a practice, social practice theorists promote consideration of the elements and their connections. In her reflective text, Shove (2010) highlights fundamental flaws associated with present day policies which fail to appreciate these interactions. This may result in

policies which frequently target individual behaviours, neglects social and structural contexts and results in individualistic solutions which cannot be maintained. Reframing policy from a social practice perspective allows practices to become the target of interventions. Additionally, it considers the recruitment of performers to sustain and/or begin to engage with intended practices.

Reckwitz (2002) is widely cited for his interpretation of a practice referring to individual elements which are linked together. He suggests these linkages form a “block” or pattern of elements. Several practice theorists focus on different elements including materials, skills, rules, ideas and emotions (e.g. Reckwitz, 2002; Shove et al., 2012; Strengers, 2010). For this study I have chosen to adopt the three-element framework proposed by Shove et al., (2012) (figure 1), as it offers a tested approach to understanding practices as blocks of materials (physical things/objects, technology and body), competences (skills and know-how) and meanings (beliefs, values and symbols). In addition, in the context of this research, it is appropriate for me to consider the element of *rules* as described by Strengers (2010).

## 2.8 The three-elements of Social Practice Theory

Like many practice theories, this three-element model recognises the importance of *material* elements in shaping practices as without these elements, practices cannot occur (Nicolini, 2013). However, as highlighted by Shove & Pantzar (2005), material significance can only be understood when integrated with the associated elements of meanings and competence which form a practice, as on their own they hold no significance. Practices give objects a purpose and meaning beyond the object itself (Reckwitz, 2002) making them essential to social practices.



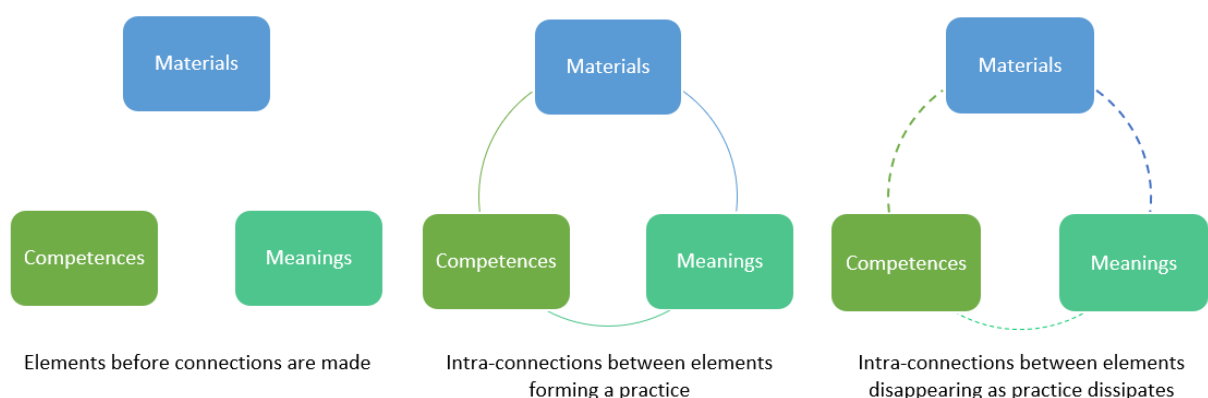
**Figure 1. The elements of social practice (From Shove et al., 2012, p. 6).**

*Meanings* are common social understandings which can explain why certain practices may be performed. Shove et al., (2012) suggest meanings are embedded through shared knowledge and experiences and according to Strengers (2010) inform the social acceptability of a practice. Shove and Pantzar (2005) understand meanings to inform order according to societal norms and values.

Acceptability of a practice is important for understanding its socialisation. Spotswood et al., (2015, p. 24) suggest that if people do not perform or observe others performing a practice, they perceive the practice as not “fitting”. When a practice is considered acceptable it becomes repeated by many, recruiting practitioners and reinforcing its position of “correctness” in the world (Rettie et al., 2012). Meanings are an important element in understanding why a practice is performed.

*Competences* refer to the knowledge, understanding and skills required to perform a practice. They are not inherent but must be learned through repeated past and present experiences (Strengers, 2010). Thus, to achieve a practice, learned skills and know-how must be applied. Competent individuals who share similarly developed historical and cultural experiences can accordingly make sense of why certain practices are undertaken (Schatzki, 2002; Strengers, 2010) and their responses to a given situation are driven by their understanding of the situation at that time (Schatzki, 2002). An awareness of this competence may not be fully acknowledged by an individual; however, reproduction of the skill allows shared understanding by the performers (Strengers, 2010).

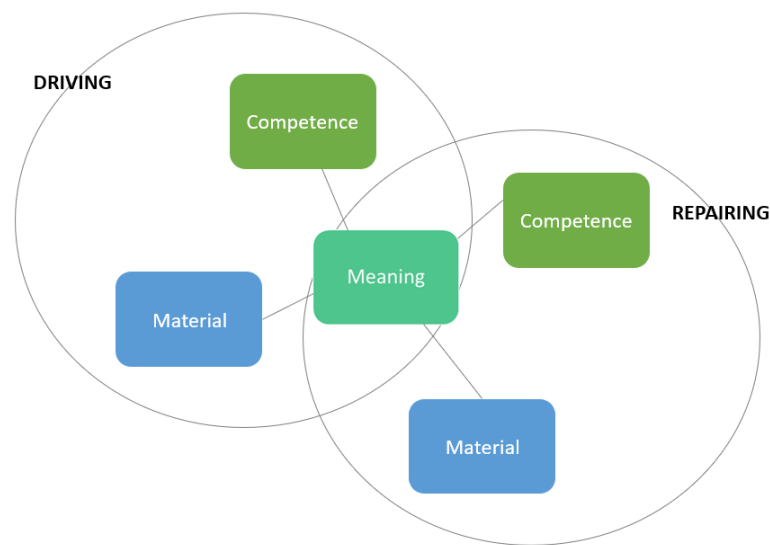
Whilst elements are important in analysing practices, the *intra-connections* between the elements must also be considered (Reckwitz, 2002; Pantzar & Shove, 2010). Pantzar & Shove (2010) extend this concept by recognising the evolution of the intra-connections between the elements of a practice. They suggest that while an element can exist without the practice it can be subsequently influenced by past and/or future *interconnections* with elements of other practices. Equally, connections between elements may be transitory and practices may dissipate (figure 2). Acknowledging the intra-connections between the elements of a practice can help understand how a practice may transform, but it is fundamental to explore the elements individually to help analyse how they may interact with each other as they evolve because of these interactions (Shove et al., 2012).



**Figure 2. Evolution of intra-connections between elements of a practice (From Pantzar & Shove, 2010, p. 450).**

As well as the *intra-connections* between the elements of a practice, the *interconnections* between practices are important (Shove et al., 2012; Maller, 2015). Maller (2015) illustrates this point by

referring to the practice of eating as sharing elements with the practice of grocery shopping or cooking, the material element of food for example. She highlights the imperative to consider these interconnected practices, because studying one practice in isolation limits the explanation of an issue when analysing it for change. This is supported by Shove et al., (2012) who describe the practices of driving and repairing as being interconnected through a shared element, in this case a meaning of masculinity (figure 3). However, these authors recognise that the interconnections between practices may become stronger or weaker depending on the importance of the shared elements to the practice. For example, as driving becomes less masculine, the importance of this element to driving decreases and its interconnection with repairing weakens, further separating the two practices.



**Figure 3. Interconnected elements between the practice of driving and repairing (From Shove et al., 2012, p. 33).**

It is important to also be aware that practices may cohere or compete which may lead to the proliferation or disappearance of a practice (Shove et al., 2012).

## 2.9 Carriers and movement of practices

Practices may be viewed as entities or performances. When thought of as an entity, a practice and its associated elements are relatively stable (Schatzki, 1996, cited in Maller, 2015). A performance relates to the undertaking of a practice by individuals who can be thought of as *carriers of the practice*, and through which its continuation is actualised (Maller, 2015). Reckwitz (2002, p. 251) proposes that these carriers are instrumental in understanding how a practice evolves over time by undertaking “routinised bodily activities”. Routines allow regular performances of practices through which knowledge becomes ingrained in the carriers and practices may be sustained and reproduced. Importantly, carriers of practice may perform them at different places in time and space, changing the evolution of the practice over time (Maller, 2015). Practices carried across locations can interconnect with other practices

allowing for innovation of new practices or disintegration of existing practices (Maller & Strengers, 2013, cited in Maller 2015). Additionally, performers may be recruited to a practice, bringing new elements or altering existing elements which further evolve the practice (Shove et al., 2012; Maller, 2015).

Critiques of this theoretical perspective suggest it underrepresents reality and pays little attention to important social structures influential to a practice's formation and continuation (Warde, 2005). Strengers (2010) further highlights the discord between theorists' understandings of how practices are formed and maintained.

## **2.10 The fourth element of rules**

In Strengers' (2010) understanding, rules are explicit formulations which direct the performance of a practice. They may be codified in legal statutes, regulations or standards and commonly enacted by a formalised institutional framework. However, rules can also "emerge out of practices, and are often interpreted and incorporated in different ways than originally intended" (Strengers, 2010, p. 12). Interestingly, this type of element gains little attention from Shove et al., (2012), which may indicate they understand that rules share socially sanctioned meanings which have become ingrained in practice (Glover, 2013). However, Glover (2013) suggests institutional powers and governance arrangements are likely to affect some practices more than others (ibid). Given the purpose of this research is to analyse the impact of child protection legislation on changing child protection practice, it appears essential to adopt *rules* as a distinct element to support thorough exploration and understanding of the situation.

## **2.11 Enacting child protection policy through the lens of practice theory**

Implementing child protection policies and processes may be viewed as a practice. At a national level the government is trying to influence this practice by introducing legislative requirements, as detailed in section 2.4. These practices must also be understood in the broader social, cultural, and economic contexts. An understanding of the dynamics and relationships between these contextual factors may support effective and efficient implementation of these mandates.

Adopting a practice theory perspective when examining the changing child protection policy environment requires an understanding of Shove et al.'s (2012) three elements as introduced in section 2.8. Firstly, *Materials* may refer to physical reporting and vetting systems, and child protection policy and process documents, manuals and posters. *Competences* may refer to the knowledge and understanding of child protection policies and processes in the context of the organisation, and the ability of staff to implement them. Thirdly, *Meanings* may refer to common beliefs, values and

interpretations relating to child protection. Lastly, *Rules* refer to those “formulated” rules supporting the enactment of child protection laws and regulations.

Other *interconnected* practices which have their own meanings, materials and competences, will also be considered for their influence on the practice of child protection. Such practices may include parenting, professional affiliations and interprofessional cooperation. Additionally, the recruitment of *carriers* and their significance in replicating a practice in a different time and space will be examined. Through applying the tenets of practice theory, the effectiveness and appropriateness of legislative changes may be analysed through a non-judgemental, proactive and holistic lens.

I will answer the research questions by applying a practice theory perspective to explore the impact of national child protection legislation on a small aeromedical organisation. I will determine what practices existed prior to legislative mandates and investigate any changes which may have occurred since. I will pay attention to the materials, competences and meanings in the practice of child protection within the Organisation, considering the interactions between elements and any competing or complementary practices which may have arisen in a different time and space.

## **2.12 Summary**

In response to growing national and international concerns, New Zealand embarked on child protection law reforms in 2011. The Children’s Action Plan encompassed the introduction of the Children’s Act 2014, the requirement for child protection policies and children’s worker safety checking. Critics of these reforms focus on their use of linear behaviour change models that are narrowly focused on the individual. When viewed through the paradigm of practice theory, the intricacies of a practice can be illuminated. Individual elements, their intra-connections, interconnections between associated practices, and practice carriers are all integral to understanding a practice such as child protection.



## **Chapter 3**

### **Methodology**

#### **3.1 Introduction**

This chapter sets out the case study methodology adopted to guide this research. Using semi-structured interviews and document analysis, data has been collected and examined. A description of these methods is provided, and the ethical considerations of this research are acknowledged.

#### **3.2 Case study methodology**

To garner an in-depth understanding of the research issue, a case study approach has been adopted and structured around key research questions. This has allowed a thorough exploration of the research phenomenon within its natural context (Yin, 2003; Crowe et al., 2011, Creswell, 2014). As defined by Green and Thorogood (2009, p. 284), a “case” includes a given location, individual or policy. However, Flick (2009) recognises a “case” denotes common characteristics among people, communities, organisations and institutions. This “naturalistic design” method is suited to qualitative data collection which poses “how”, “what” and “why” questions (Crowe et al., 2011, p. 1471). Employing such an approach to this research has allowed the views and opinions of study participants to be gathered through their personal storytelling (Merriam & Tisdell, 2015). This has enabled clear understanding and interpretation of participant actions, practices and intentions in relation to the research phenomenon and provided answers to the research questions (Crowe et al., 2011; Merriam & Tisdell, 2015).

The following predefined criteria were formulated to assist selection of a suitable case study in order to answer the research questions:

- The organisation must be in receipt of State funding to provide contracted services to children;
- The organisation must have been impacted by the enactment of the Children’s Act 2014; and
- The organisation must be easily accessible and willing to engage for data collection purposes.

A medium-sized privately-owned provider of aeromedical services in receipt of funding from the MOH met these criteria and was chosen as the case study for this research. For confidentiality purposes it was agreed that the name and location of this organisation is to remain anonymous, together with the identity of the participants. This is due to political sensitivity surrounding contractual and funding requirements. The subject of this case study will hereby be referred to as “the Organisation” and the participants will be referred to with pseudonyms corresponding to their roles within the Organisation. This study has been approved by the Lincoln University Human Ethics Committee (Application # 2019-

12) and all participants have provided informed consent. Due to personal affiliations with an employee of the Organisation, this specific staff member and immediate work colleagues have been excluded from taking part in this research to avoid potential conflict of interests.

This case study research used document analysis and semi-structured interviews to allow triangulation of data, improving the research's internal validity (Flick, 2009; Crowe et al., 2011). This is supported by Crowe et al., (2011) who discuss the strength of engaging a range of data collection methods to undertake an in-depth analysis of a case study. They suggest these may be quantitative, such as questionnaires or audits of data, and/or qualitative, for example interviews or focus groups.

As discussed in Chapter 1, I have previously been employed in the child protection field which has supported my understanding of child protection. However, it is recognised this prior experience and knowledge have the potential to influence this research. As discussed by Berger (2015) it may influence what participants are willing to share and can shape the research relationship. My previous social work lens is also likely to impact my interpretation of the research results (Etherington, 2007; Berger, 2015). Awareness of this effect has allowed me to pay attention to my own preconceived ideas, values and biases and enabled critical reflection on my position within this research. This is also been supported through ongoing discussions with my dissertation supervisor throughout this research.

### **3.3 Documents**

For this study, relevant material relating to legislative child protection policy and processes were collated to inform interviews and discussion with study participants. Such material included public documents produced by the government, as well as organisational materials which existed prior to undertaking this research (Merriam & Tisdell, 2015). I primarily sourced documentary evidence electronically, however, the Organisation has also allowed access to relevant internal material. This included the Children's Act 2014, the Vulnerable Children's Bill, the Hansard, the Green and White papers for Vulnerable Children, and the Children's Action Plan. Internal documents included the Organisation's Child Protection Policy and a template of the National Ambulance Sector Office (NASO) tendering process proposal forms. As the researcher, I used these documents to enhance my understanding of the relevant child protection legislative mandates. They also helped underpin my lines of enquiry with study participants to best meet the research objective.

It must be noted that all internal documents shared by the Organisation have been done so in confidence and as such will not be retrievable. For this reason, citations will be referred to as "The Organisation, personal communication".

### **3.4 Semi-structured interviews**

A total of seven semi-structured interviews were used to collect research data. Such interviews were chosen for their ability to be suitably structured whilst maintaining flexibility and open-endedness for participants to contribute their own unique interpretation of the research phenomenon (Galletta, 2013). Key questions underpinned by relevant document analysis guided these interviews (Appendix C). These were posed to each interview participant in a relational and conversational style which, as noted by Longhurst (2009), led to opportunities to explore relevant themes of conversation for further enquiry and clarification.

Interview participants were recruited from varying departments across the Organisation at two locations. Direct employment by the Organisation, made them accountable to the organisation's policies and processes. Participants included a pilot, three medical crew, an engineer, and two managers. An email composed by me and circulated by a manager within the Organisation was used to initiate contact with all staff. An information sheet informing all potential participants of this study was also provided at the time as an email attachment (Appendix A). At each interview, participants taking part in this study were asked to sign a consent form to permit recording of the interview and use of data for the purpose of this research (Appendix B). Participants were also advised prior to engaging in the research that they may give verbal or written notice to withdraw from the research at any time up until 4 weeks after the interview.

The interviews were all conducted during the month of April 2019 at varying locations away from the Organisation's premises. Each interview lasted between 30 and 60 minutes in duration and was guided by 9 to 11 interview questions to explore relevant themes (Appendix C). Where necessary, clarification was sought to ensure full understanding of participant views. Interview questions were tailored according to each participant's area of expertise. For example, if they were from management, questions were targeted to the New Zealand legislative context and the resulting policy and process development and implementation. For frontline staff, questions focussed primarily on the application of policy and process within daily working operations and practices. Interviews were digitally recorded and then transcribed verbatim by me for data analysis. Prior to writing up this research, relevant quotes to support research discussion were sent to participants for approval.

### **3.5 Data analysis**

Thematic analysis has supported the interpretation of the research data collected. This is a widely used technique of identifying, examining and interpreting recurring "themes" within the research data (Guest et al., 2012). Familiarity through repeated reading of each interview transcript and document has supported the identification of emerging themes (Vaismoradi et al., 2016), and has allowed

organisation of repeating patterns and ideas to answer the research questions. Practice theory principles have provided the lens through which data has been analysed and themes generated (Charmaz & Belgrave, 2012). These principles refer to the practice elements of *rules*, *materials*, *meanings* and *competences*, together with the intra-connections between the elements and interconnections with associated practices. Phrases, sentences and paragraphs relevant to the study have been “coded” to uncover broad themes and patterns within the data (Cloke et al., 2004; Guest et al., 2012). These themes have been organised and refined into three main themes which support the results detailed in chapter 4.

## Chapter 4

### Results

#### 4.1 Introduction

This chapter illustrates how changes made to New Zealand's child protection laws have influenced the practice of child protection within the identified case study. The results are presented under three broad emergent themes. The first theme, "bidding for the MOH contract" ties together overarching policy frameworks and requirements with those operating within the Organisation. This is followed by an analysis of staff "roles and responsibilities". It considers the different types of roles in the Organisation and examines how these can influence the meaning and competence of child protection. Lastly, the theme of "reporting procedures and frameworks" identifies institutional and organisational infrastructure and its involvement in changing child protection practice.

#### 4.2 Bidding for the MOH contract

Following a ten-month process of debate and consideration, the Children's Act 2014 (the Act) was finally passed into New Zealand law on 1st July 2014. This Act provides a set of nationally accepted rules which now guide the practice of child protection. The implications of this instrument on the Organisation have been significant for mandating "what aspects of practice have to be done" (Strengers, 2010, p. 11). Of relevance are the introduction of new child protection policy requirements (Children's Act 2014, pt 2) and children's workforce safety checking (Children's Act 2014, pt 3). This study draws on the understandings of Strengers (2010, p. 11) who considers rules to be those "formulated" and "codified interpretations of rules" which support the "embodiment and reproduction of regulations". Child protection rules have been incorporated and reproduced with the introduction of regulations by institutional decisionmakers to inform new meanings regarding what are acceptable and unacceptable child protection practices.

With respect to Part 2, s 14 of the Act, the rules state child protection policies are required to be adopted by specified institutions including State services and "certain people with whom those services... enter into contracts or funding arrangements". This includes the MOH as a "prescribed State service" (s 15), and by contractual association, the Organisation (Ministry of Health, 2019). Under section 16(b) of the Act, MOH must ensure that every contract or funding arrangement entered into with an independent person, for example the Organisation, adopts "as soon as is practicable .... a child protection policy if, in the opinion of the chief executive [of the MOH] ...—

- i. the person is or becomes a provider of children's services; and

- ii. some or all of the contract or arrangement is about providing children's services"

Section 15 of the Act recognises "children's services" as services provided to least one child and may include services provided to adults which may or will affect the wellbeing of at least one child. An example may be air ambulance or air rescue services provided to a parent or caregiver of a child which may or will have a direct impact.

In relation to the contents of these mandated child protection policies, section 19(b) of the Act stipulates a policy to "be written, and contain provisions... on the identification and reporting of child abuse and neglect in accordance with section 15 of the Oranga Tamariki Act 1989". While these rules appear to provide institutional directives, Strengers (2010, p. 12) highlights such rules may be open to interpretation through "debate and manipulation" whilst undertaking existing practices. This is reflected in the interpretation of child protection practice within the Organisation.

Until commencing the tender process, the daily operating practices of the Organisation were primarily industry focussed and, as explained by both Manager 1 and Manager 2, had no requirement to provide specific child protection practices. In 2018 the MOH invited tenders from organisations to provide air ambulance and air rescue services. This process was administered by the NASO on behalf of the MOH. Only on tendering did the Organisation become aware of the requirement to hold "operational policies and procedures that comply with the requirements of the Vulnerable Children Act 2014" (National Ambulance Sector Office, Ministry of Health, n.d., p. 3). Both Manager 1 and 2 concurred that no additional explanation or supporting documentation relating to new child protection legislative and contractual obligations were provided. Manager 2 stated, "[the MOH] basically said "to bid for this contract you must have [a child protection policy]". Similarly, Manager 1 advised, "I think it was just a pretty broad statement saying, "you must have a policy which aligns with the legislation". These comments support Strengers (2010) understanding of "formulated rules" mandating what "aspects of a practice have to be done," which in this instance relates to bidding for a contract.

A sense of administrative "duty" appears influential in initiating change in child protection within the Organisation. The instigator of these changes was the contractual agreement held with the MOH. This was highlighted by Manager 2 who stated, "our funding, or how we are paid, I guess comes through [the MOH]. They have certain requirements". This theme of administrative performance as a cursory activity to fulfil contractual obligations was further emphasised by Manager 1 who said, "... [the MOH] is probably just making us have policies for the sake of having policies to a certain extent". Additionally, Manager 1 indicated the practice of "policy writing" to meet a variety of contract requirements has become normalised within the Organisation's operation. Manager 1 stated,

*[Institutions] say we must have policies for all sorts of things. For example, we must have a translation service for this, and we have to have a Maori-relations appointed person for that. There are quite a few things. Generally, they just ask for policies.*

The interpretation of the legislative mandates led the Organisation to debate the relevance of child protection rules to their operation. Manager 2 indicated, “it was arguable at the time [if we needed it], because actually, on a base level, we didn’t”. These comments align with Strengers’ (2010) explanation of common understandings and reflect how particular interpretations of child protection legislation have maintained the organisation’s meaning of acceptable practice in this context. This debate extends from interpretation of the rules regarding levels of contact and safety checking requirements outlined in Part 3 of the Act and has been informed by the competence and experience of Manager 2.

Part 3, s 21 introduced measures to reduce risk of harm to children by requiring safety checks of people working in positions that require “regular or overnight contact with children”. Section 23(1) considers “regular or overnight contact” as any contact with a child or children which may occur during a person’s work commitments. This is further defined in section 23(2) as contact which occurs “at least once each week; or... at least 4 days each month”, and may comprise physical, verbal or electronic contact. When participants were asked about the level of contact within the Organisation, Manager 2 said,

*our employees would come into contact with children every day in their life outside of work... there’s also family members who come in. The [crew] go into homes... During our workday we have a lot of tours. School kids and... scout groups.*

This was supported by Crew 3 who recognised,

*we see a few school groups come through from many ages... Normally they're in a school group. Or there may be a few young family members from pilots or crews hanging around.*

Crew 3 went on to talk about the level of contact with children when attending to an aeromedical response, “sometimes you know we might see one or two [children] during a week. Sometimes you may not see any for three or four months”.

These comments suggest determining the regularity of contact with children is context specific, contested and open to interpretation. Individuals are left to draw on their own existing knowledge and experiences, making sense of the rules to fit their worldview because there are no explicit directions. This ambiguity is also shown in the results relating to safety checking requirements.

Certain organisations have been specified under the Act and as such are obligated to comply with safety checking provisions. A “specified organisation” refers to any organisation that “employs or

engages a children's worker to perform a regulated service" (s 24(1)). Included in the definition of "specified organisation" is the MOH, as a State service, (s 24(1)(a)). Organisations which MOH fund to provide services are also provided for under section 24(1)(b). A "children's worker" includes a person working or providing a regulated service, which may or does bring them into regular contact with a child or children and may occur without a parent or caregiver being present (s 23(1)).

The information required to undertake safety checks is detailed under section 31(2) of the Act. This includes measures to confirm a person's identity as well as assessing risk levels posed by people employed or working with children within a "core worker" or "non-core worker" capacity providing regulated services. These are distinguished in section 23(1) with a "core worker" pertaining to a person holding primary responsibility for or being alone with a child or children. Schedule 1 of the Act identifies those "regulated services" and includes "ambulance services".

At first glance this would include the Organisation. However, Manager 2 made no specific reference to the organisation being an "ambulance service", rather, they strongly emphasised the level of contact aeromedical staff have with children in the capacity of their daily work. Manager 2 indicated this will influence how applicable this provision may be to the operation of aeromedical services. Manager 2 stated,

*the Crew may come into contact with children as they may go into homes... our pilots, they'd never have 'hands on', so they're less likely [to have contact with a child].*

Contrary to this clarification, children's worker safety checking requirements are cited in the organisation's child protection policy, although there is no written process for undertaking these (The Organisation, personal communication, February 21, 2019). Staff reading the Policy are advised, "where required and applicable [the Organisation's] staff will meet the requirements of the Vulnerable Children Act Safety Checking." However, Crew 3 was uninformed about the Policy and noted, "I don't even know if we have police checks as required by the Children's Act". Pilot 1 was also unaware of any existing child protection policy or process and did not know of any background checks undertaken prior to commencing his employment. However, the Pilot commented further by saying, "we've all been issued aviation security cards, so there must be a certain amount of checking for that".

As a general aviation operator, the Organisation must also comply with relevant aviation rules and legislation governing their operations. This includes the Civil Aviation Act 1990, and Civil Aviation Rules (Civil Aviation Authority of New Zealand, 2017). Part 2, s 24(7) of the Civil Aviation Act necessitates an airport identity card to be carried by all people who have been granted access to security-controlled areas of the airport. Civil Aviation Rule 19.357 states that airport identity cards are issued after a "favourable security check determination". This requirement was discussed by Manager 2 in relation



to undertaking safety checks of the organisation's staff as mandated by the Children Act 2014, s 31. Manager 2 recognised,

*all our employees are vetted by way of having an airport identity card... and pilots meet the fit and proper persons standards of the Civil Aviation Authority, which identifies any past criminal convictions... but it is different to child protection vetting.*

These comments demonstrate the company believes it is adequately fulfilling any child protection safety checking requirements because it appears to conflate identity checking with child protection safety checking. This may be due to existing Civil Aviation Authority (CAA) requirements providing rules for identity checking have been continuously reinforced and repeatedly performed to ensure compliance, normalising them into organisational routines. Reinforcing this assumed compliance is the meaning the organisation has attributed to the term "contact" as detailed under the Act and discussed further with relevance to individual staff roles in section 4.3. This ambiguity in the meaning fits with the understanding "rules can emerge out of practices and are often interpreted and incorporated into practices in different ways than originally intended" (Strengers, 2010, p. 11).

A new organisational child protection policy was adopted to support the company's tender bid and fulfil the contract requirements. Established child protection policies provided some means of guidance to the Organisation's own policy supporting compliance with the MOH requirements. Manager 2 stated both the MOH and the District Health Board policies were valuable resources during the policy's development. These institutions were acknowledged for their policies by Labour MP Jacinda Ardern, in her capacities as party spokesperson for children and member of the social services select committee. She stated, "many Government departments or State entities already have child protection policies" and referenced specifically "District Health Boards [who] have very robust child protection policies in place" (Ardern, 2014, p. 1781). In addition, Manager 2 believed the guidelines published by the Children's Action Plan had also provided useful information and support (Children's Action Plan, 2015a; Children's Action Plan, 2015b; Children's Action Plan, 2015c). The documents provide "an agreed, all-of-government position on interpreting and applying the Vulnerable Children's Act and the regulations", but explicitly state they hold no legal jurisdiction (Children's Action Plan, 2015b, p. 3).

Utilising these reference materials to support the Organisation's interpretation of the legislative rules and achieve compliance with part 2 of the Act, the Organisation's Policy document was developed. It clearly acknowledges section 14 by stating, "all providers of children's services who are contracted or funded by the following, must have a child protection policy... this includes the Ministry of Health" (The Organisation, personal communication, February 21, 2019). The policy also states it "provides guidance to staff on how to identify and respond to concerns about the wellbeing of a child, including possible

abuse or neglect". Complying with section 19(b) of the Act, mandatory information to support the identification and reporting of child abuse and neglect is provided in the form of a comprehensive list of common "types" of abuse. Parties bound by the policy are advised they have a "responsibility to discuss any child protection concerns... with their manager/supervisor" (ibid). A few paragraphs later, staff are guided to "make referrals of suspected child abuse and neglect to the statutory agencies – i.e., [Oranga Tamariki] and the Police" (ibid).

It certainly appears this material policy document has been produced to fulfil the mandatory requirements. The rules surrounding identification and reporting are stated, but like the legislative rules, those contained within the policy are also open to interpretation by individual staff with varying skills and understandings of child protection. This fits with Strengers' (2010) definition of rules which suggests they can arise with explicit influence from institutions, in this case the State through enactment of legislation and the Organisation through policy adoption. However, because these rules are ambiguous, they require performers to draw on existing understandings and "normal" practice (ibid, p. 12), thus becoming influential in the formation and continuation of new practices different from that envisioned by policymakers.

To this point the results show the formulated legislative rules introduced to transform the practice of child protection within the Organisation have been open to interpretation. The rules have been "absorbed into" existing, normalised organisational practices, such as CAA safety checks. What has emerged is a practice of child protection that is centred around funding arrangements, which is itself a normalised practice within the everyday operation of the Organisation.

### **4.3 Staffing roles and responsibilities**

Prior to the enactment of legislation requiring the Organisation to adopt child protection policies and processes, the practice of child protection only appears to have been aligned with certain aspects of the Organisation's operations, the aeromedical services. Both Manager 1 and Manager 2 emphasised a long-standing relationship with St. John which has historically provided medically trained personnel to support the aeromedical services operated by the Organisation. Manager 2 noted the Organisation now, "employs its own intensive care paramedics, but there's St. John [contracted] staff as well". Despite this, Manager 1 suspected St. John protocols have historically translated across to the Organisation, therefore the relevance of child protection requirements to a general aviation organisation was questioned. Manager 1 suggested,

*I guess there's always been an underlying policy that probably came from St. John. But as part of the new contract round, [the Organisation] has had to take those policies on board.*

This meaning of child protection policies and processes extending from St. John is also recognised by frontline staff. Crew 1 suggested “St. John have those [policies] in place, so I imagine it gives us some level of cover.” Crew 2 also wondered if the Organisation were able to “piggyback or dovetail” on the operational guidelines of St. John. In support of this, Crew 1 suggested the Organisation has adopted the child protection policy without understanding what it is for, why it matters and as implicitly applying to certain staff roles only. Crew 1 validated this by stating,

*We're in amongst that, up to our knees in it, and management or administrative parts of these organisations aren't. They're not frontline. They hear the stories, but they don't see it, they don't smell it, they don't taste it. They're not there. It's very hard for them to really truly understand what would be best. They think they know.... and I don't mean this in a nasty way. The intentions are good... but they often don't really understand. So, you'll quite often have policies that don't necessarily meet the real need.*

These inferences show the Organisation’s staff understand that child protection policies and processes are in some way more relevant to St. John, as the provider of health care services. However, the Organisation’s policy states it applies to “all employees, contractors and volunteers of [the Organisation]” (The Organisation, personal communication, February 21, 2019). Despite this, Manager 1 said, “if I'm really being honest about it, the policy has been specifically targeted at the company’s aeromedical operations... Our guys, we're more the taxi driver”. These views reflect how the Organisation understands the practice of child protection, and its relevance only to particular staff.

Individual performers within the Organisation provide valuable interpretations and know-how to the Organisation’s practice of child protection. These individuals are primarily the Crew who are presently or have previously been engaged with the emergency services and St. John. Manager 1 acknowledges these staff “do the actual medical care” and provide the Organisation with an essential pool of medical, technical and allied health skills and knowledge. Furthermore, Manager 1 suggests this valuable knowledge and experience will be instrumental in the future implementation of the Organisation’s policy. Manager 1 stated,

*I guess implied through the fact that we will probably continue to be working with St. John quite closely, [their staff] will help guide our currently employed staff [in implementing the child protection policy].*

The Crew members appear to hold a shared meaning and competence of child abuse and neglect which has arisen from sharing similar work histories with emergency and medical services. The employment history of Crew 1 included working for the New Zealand Fire Service. Crew 1 acknowledged,

*a lot of my formal [child protection] training came from my Fire Service days... I wouldn't be able to quote anything from it. In fact, it's starting to get a bit distant now, as it's been five years since I probably last did anything more formal with it. But I have an overall awareness.*

Crew 2 gained child protection awareness in their position as a nursing educator and subsequent employment with St. John. As a nursing educator, Crew 2 had been required to teach nursing students about notable non-accidental injuries which may be inflicted on children. However, Crew 2 stated there had been very limited child abuse and neglect professional development opportunities when employed for St. John. This was reiterated by Crew 3 who also recognised child protection knowledge gained from previous employment with St. John. saying, “we sort of talked about it, but we never really did much study on it”.

The Crew all appear to commonly accept they hold shared experiences and knowledge of child protection which is uniquely different to the rest of the Organisation. Crew 3 recognised “all of our guys have come from an ambulance background, so [child protection] is installed along the way I suppose. We all understand it”. Crew 2 discussed how this shared meaning and competence enhanced communication among the group. Crew 2 said, “there's a connection between the medics and the crewmen which the pilots would probably not get, if that makes sense? But that's human nature isn't it?” This fits with Shove et al., (2012) and Strengers (2010) who suggest shared knowledge and similar experiences have embedded a common meaning of child protection which now informs the practice's social acceptability for this group.

The competence of these medical professionals is also drawn upon by other frontline staff to help manage situations involving suspected child abuse and neglect. Crew 2 stated, “I think at the moment everyone will probably look at the intensive care paramedic or crew on board as they have experience working with children.” This was confirmed by Pilot 1 who, when asked how a child protection concern may be managed stated,

*I would seek some guidance from someone who might have been there before, so the ambulance guys are probably a bit more used to that side of things.*

This recognises that staff known to have a medical background would invariably be the first point of call for most other staff. While this ingrained practice of seeking the knowledge and skills of the medics may or may not be consciously enacted, it appears to be an accepted practice shared throughout the organisation. Consequently, this results in an “accumulated history of experience” as discussed by Strengers (2010, p. 10) and indicates a certain meaning has been ascribed to the role, where the practice only “fits” with certain performers (Spotswood et al., 2015).

The results so far have highlighted an implicit association between levels of contact with children and the meaning of child protection across the Organisation. Staff with more aviation-focussed technical knowledge question the relevance of child protection, as they perceive the practice as not “fitting”

with their roles and therefore will not repeat the practice due to holding contrary meanings. Pilot 1 said, “I personally don’t think the company should have to shoulder this burden” and further explained,

*as a pilot you can separate yourself from [patient care]. You can just sit in [the aircraft] and be the taxi driver. It's more the crewmen that are more face to face with the clients for want of a better word.*

Similarly, Engineer 1 alluded to a level of detachment from engaging with children in the role. The Engineer highlighted,

*[child protection] isn't something that I really think about too much... being in the engineering division, we're kind of a little bit stuck in the corner. You need a swipe card to get in and you don't see many other people that come in [to the premises].*

Manager 1 also feels “reasonably disconnected” from child protection, as the Manager’s role has limited contact with children. When asked about the organisation’s child protection measures, Manager 1 said, “I didn't write the policy and I wasn't really fully [conversant] with the policy at the time,” suggesting roles and responsibilities are clearly defined within the operation of the Organisation.

Despite holding aviation-centric roles, several staff discussed prior experiences which inform their meaning and competence surrounding child protection. Shove et al., (2012) stress the importance of these past experiences and knowledge which may be interconnected with current practices. Manager 2 accredited child protection knowledge gained from previous employment with Oranga Tamariki. This role had been largely administrative, focussing on “employee relations and included safety checking of all those people who had any interaction with children”. This experience has been valuable in supporting Manager 2 to locate relevant policy guidance materials published by the Children’s Action Plan to inform the Organisation’s own child protection policies and procedures.

Engineer 1 also accredited past employment with providing an underlying level of competence to identify child abuse and neglect. The Engineer commented,

*Previous to being an engineer I worked as an outdoor instructor at a kids camp and we got lots of training in regards to child safety. It included how to identify if a child is being abused, you know like just their mannerisms, all that sort of stuff. Not that I can totally remember it, but I think I'd definitely be able to work out if something was not quite right... I think I'm quite lucky to have done that training and I spent two years in that environment.*

This reference to “luck” acknowledges the value the Engineer places on competences other than the technical expertise required for their role.

The experience of parenting has supported many staff in their understanding of child abuse and neglect. As recognised by Shove et al., (2012), elements utilised within other practices, such as parenting, may be transferred and influence associated practices, such as child protection. Crew 3 highlighted, “the majority of us at [the Organisation] are parents ourselves, so I think there’s a pretty good understanding of how to treat the younger ones”. Crew 3 went on to say, “for me, I treat the little patients like I would treat my own”. Manager 1 also qualified this association with parenting by stating, “I mean being a [parent] of two children, obviously, I guess, you apply what you know as a parent to everyone’s child”.

#### **4.4 Reporting procedures and frameworks**

During parliamentary debates surrounding the formulation of the Children’s Act, Hon Paula Bennett in her capacity as Social Development Minister strongly supported the mandating of child protection policies to improve identification and reporting of child abuse and neglect. She stated,

*We know perfectly well that there are cases right now where children are being abused and neglected, and there are professionals who are turning a blind eye because they do not have the right policies and the right training in place... (Hon Paula Bennett, 2014, p. 17262)*

This comment was in partial response to Ms Ardern who, while supporting the Minister’s idea of introducing this policy requirements, had previously raised concerns surrounding the possible consequences. Ms Ardern (2013, p. 11382) had stated,

*[Firstly] you need to have appropriate training for frontline workers who are required to identify child abuse and neglect... Secondly... without proper training we would see potentially over-reporting and false reporting.*

Interestingly, the Minister’s comment neither addresses the issue of *what* training is required, nor *how* and to *whom* it may be provided and implies that transformational change can be achieved through a policy with some form of education. Shove (2010) describes this policy change model as linear, focussed primarily on the individual and explains much of contemporary social policy. It does not consider the social structures informing the formation and continuation of child protection practice (Warde, 2005).

The Organisation’s child protection policy provides staff with the material element from which individuals can identify and assess child abuse and neglect and provides the Organisation’s protocol for reporting associated concerns. For new recruits to the organisation a material copy of the policy is included in induction packs, while existing staff have been made aware of this policy by circulating an email across the organisation. This is standard practice which Manager 2 clarified,

*I told [staff] that the policy was new, and they needed to physically sight and sign it rather than electronically. This was because history tells us that people will just ‘click’ to say they’ve read it.*

Further to this, Manager 2 stated the policy is readily available to staff via the company's intranet system. Despite efforts undertaken to promote and make the Organisation's policy available, Manager 1 advised "I haven't read the policy for a while. In fact, it was in its first draft when I read it". Crew 1 admitted, "I read a very generic policy which was essentially a cut, copy and paste when I first started". Crew 3 cautiously said, "I believe there is [a policy], though I'm not too au fait with it. I would have to probably go back and have a wee look. It's a wee bit grey". However, Crew 3 had independently sought out the child protection policy on the intranet for interest purposes. Both Pilot 1 and Engineer 1 denied knowing anything about any organisational child protection policies or processes. As asserted by Schatzki (2002) there appears to be a lack of explicit explanation given to staff regarding what the policy is for and why it matters to them as individuals and to the Organisation. Therefore, from a practice perspective, staff appear to have been left to make sense of this material element by drawing on existing knowledge and experiences.

The Organisation's child protection policy explicitly directs staff to report child protection concerns to their manager or supervisor. When frontline staff were asked how they may report any concerns regarding a child's welfare, all participants were unaware of any organisation-specific reporting tools. Despite this, while not detailed in the child protection policy, the company operates a "Safety Management System" to comply with Civil Aviation Rules (Civil Aviation Authority of New Zealand, 2016). This provides a forum to identify, record and report any general, technical and operational safety matters (Civil Aviation Authority of New Zealand, n.d.). Manager 2 advised,

*we encourage and promote the Safety Management System to report any concerns. This is a Civil Aviation requirement... It is a forum where people can raise concerns about all number of things. It provides us with a tool to work through a process.*

When asked if all staff had access to, or used this system, Manager 2 said, "everyone hopefully should have just completed the training, and we talk about everything that can be reported, the good the bad and the ugly". None of the participants linked reporting any child protection concerns with use of the Safety Management System. This reflects that while the material element of the Safety Management System exists, there is no shared meaning and competence across the Organisation regarding its use for reporting child protection concerns.

Contrary to the child protection policy directives, informal procedures appear to be in operation to support reporting by the Organisation's staff. It has been the established practice for aviation-centric staff to seek the advice of the medical Crew who are perceived to hold the role of managing child protection issues. Additionally, the Crew can report concerns amongst themselves, because they share a practice of child protection informed by common meanings and competence. This includes, "sideways looks at each other", as described by Crew 1. Correspondingly, Crew 1 and 2 both acknowledge informal *interprofessional* work practices which enable information to be shared

between themselves and medical facility staff. Crew 1 provided an example involving a medical retrieval of a newborn infant. He explained how the medical flight crew called the hospital ahead of arrival to communicate relevant information.

*It was very evident that hospital staff knew what they were dealing with when we got there... they knew the red flags... they were very aware of who they were dealing with and what the wider consequences would be.*

In this case a referral was made to the Police and statutory child protection services, however, Crew 1 stated that the Organisation had not been made aware of this incident and such information would generally never be brought to the Organisation's attention. These results again illustrate that the material element of a child protection policy may provide directions, but there is a lack of competence and meaning to support its implementation.

The medical crew considered strategies to strengthen the Organisation's reporting processes. Both Crew 1 and Crew 2 believed reporting guidelines would be beneficial. Crew 2 suggested,

*a simple flow chart would be helpful to say what to do. So, a) if you've involved the police you need to do this, b) if you've just had a conversation with the mum and dad you need to do this.*

However, Crew 1 highlighted that any guidance material would need to recognise the well-established reporting pathways and existing practices already used by medically trained staff, specifically St. John.

While not a provision made under the Organisation's policy, a previous medical background has reinforced the importance of documentation. This has generated novel child protection documenting practices by the Crew. Crew 1 discussed the use of established St. John reporting systems to "detail job notes for that incident. You can put in things like that if you have concerns." Further to this, due to the lack of guidance regarding documentation in the policy, Crew 2 has drawn on past experience and knowledge to adopt a well-established practice for recording relevant information. Crew 2 explained,

*if [the situation/concern] is not written down, it didn't happen. So, I have a small pocket notebook that I write in if I need to. It's empty, but.... I've used these through my career. I've got a whole bunch of them sitting in the drawer at home. So, I've got records. I mean you've got to be a little bit careful with names and addresses and stuff, but yeah....*

These results correspond with Maller and Strengers' (2013, cited in Maller 2015) concept that recognises previous practices can be carried by performers through time and space, which when interconnected with other practices can emerge as novel practices in new situations.

## **4.5 Summary**

Three clear themes emerged from the results presented above. "Bidding for the MOH contract" emphasised the significance of *rules* for instigating change, specifically the rules extending from



legislation which direct the adoption of child protection policies and safety checking of staff. These rules have been shown to be open to interpretation and thus influential in the Organisation's child protection practice. The theme of "roles and responsibilities" recognised the various *meanings* and *competence* that differing staff roles attribute to child protection. Additionally, it highlighted the significance of established and *interconnected* practices affecting the understanding of child protection. The main findings of "reporting procedures and frameworks" show that while *material* elements such as policy documents and established reporting systems can exist alone, they too are open to interpretation by members of staff. These performers of practice draw on existing understandings and established practices that have been *carried* and maintained through time and space.

## Chapter 5

### Discussion

#### 5.1 Introduction

This research has been conducted to understand how directives introduced in the Children's Act 2014 have influenced the practice of child protection within a private company funded to provide services to the MOH that involve children. I discuss the results of this study from a practice perspective, identifying the requisite elements of *rules*, *materials*, *competencies* and *meanings* within the Organisation. I consider these elements, together with the *intra-connections* between them, the *interconnections* with other influencing practices and the significance of *carriers of practice* in embodying and replicating a child protection practice.

#### 5.2 A view from the top: Making sense of child protection in the Organisation

According to Shatzki (2002), individuals' responses to a given situation are driven by their understanding of the situation at that time. Regarding concerns for increasingly poor outcomes for New Zealand children, the State responded by introducing new child protection measures to reform New Zealand's child protection system. Of direct relevance to the Organisation in this study, was the enactment of the Children's Act 2014 which introduced directives for the adoption of a child protection policy and background safety checking of staff. The results clearly demonstrate a conventional "top-down" linear behaviour change policy approach has targeted individual behaviours, failed to consider broader social and contextual factors, and further supports the suggestions of Shove (2010) that such policy frameworks simply reinforce the status quo. Institutional rules extending from legislation have placed responsibility for protecting New Zealand's "most vulnerable" children onto providers of children's services. Acting on behalf of the State, the MOH advises providers of this responsibility by inserting a very broad statement into submission documents which support contractual bids to provide services. However, while serving as a "formulated rule" which mandates what "aspects of [child protection] practice *have to be done*" (Strengers, 2010, p. 11), the results show the MOH statement contains no explicit directives. Consequently, this mandate appears to be open to a level of interpretation.

Formulated rules can be absorbed into and change out of existing practices (Strengers, 2010) which provides a rationale for the Organisation's response to the new contractual requirements. In its capacity as a general aviation provider, making sense of new child protection requirements appears to have been difficult and the Organisation initially queried their relevance (see section 4.2). A

background checking practice already exists within the Organisation which complies with explicit rules and regulations of the CAA. However, the Children's Act 2014 requires an additional assessment of risk as part of its provisions. Safety checking aims to ensure staff who come into regular contact with children pose no threat and is directly applicable to regulated services such as ambulance services. The findings suggest management do not appear to identify their organisation as a "regulated service" and due to the roles of many staff who do not have regular contact with children, the meaning of "contact" has also been debated (see section 4.2). This supports Strengers' (2010, p. 12) argument that new rules will be "debated and manipulated" in the context of current everyday practices. Therefore, the established and normalised background checking practice appears to satisfy the management's understanding of child protection safety checking regulations. This further correlates with understanding that routine practices can become fixed, normalised and provide a reference to which other practices may be compared (Reckwitz, 2002; Warde, 2005; Strengers, 2010).

The results suggest the mandated background safety checking has not been interpreted and implemented by the Organisation as directed by the Act and even if the Organisation was doing what legislation stipulates, several authors have argued this may still not be enough. As highlighted in Chapter 2, Sylvan and Franco (2008) suggest it requires more than background safety checking to safeguard children from harm, because this alone has its limitations (Irenyi et al., 2006). This correlates with the understanding of Reckwitz (2002) who understands a practice to be made up of a "block" of elements which can only be understood when in relation to each other (Shove & Pantzar, 2005). Therefore, while important to the practice of child protection, the background checking "rules" and "materials" provided hold no significance on their own, rather there needs to be a clear understanding of what they are for and why they matter.

Further interpretation of legislative rules has been applied to meeting required child protection policy and process provisions. It was evident from the MOH statement that adopting a child protection policy was not negotiable, and by using existing knowledge and experience, a policy was developed. In this manner, child protection appears have been interpreted to coexist with the practice of securing funding and may suggest this practice has led to "box-ticking", whereby perfunctory efforts are taken by an organisation only to meet compliance standards (Cadman, 2013).

Historically, issues surrounding child abuse and neglect appear not to have been considered the responsibility of the Organisation. Rather, it has been accepted that such issues would likely have been covered by informal arrangements extending from a well-established relationship with St John. As explained by management, St John have traditionally provided medically trained staff to support the aeromedical service. There has been an assumption that any child protection policy provisions implemented by St John to support their staff would carry over to the Organisation. Despite the

Organisation now having its own policy which applies to all staff members, it is understood at management level that the policy is primarily focused on the company's aeromedical operations. This supports the proposition that practices are informed by traditions and common understandings (Shove et al., 2012), which can attribute meanings of "right" and "wrong" ways of doing (Rettie et al., 2012). Therefore, for the Organisation the *meaning* of child protection remains closely embedded with medical provision and the attribution of child protection to certain roles.

As legislated, child protection policies must contain "provisions on the identification and reporting of child abuse and neglect" (Children's Act 2014, s 14). Again, this statement provides no explicit directives regarding the contents of these policies and as such is open to interpretation. At the management level this has been transposed into the Organisation's policy by providing a list of common "types" of abuse. This finding suggests management intend for this policy document to be referenced by staff to identify any child protection issues. Reporting provisions are supported by the policy directing staff to their manager. Furthermore, while not explicitly documented within the policy, management "encourage and promote" (see section 4.4) the reporting of child protection concerns on the Organisation's established safety management reporting system, as part of everyday health and safety workplace practice. As standard practice, existing staff have been notified of the child protection policy document by a company-wide email. New staff are introduced to the policy by its inclusion within induction packs. As a means of ensuring compliance with the Organisation's child protection policy, staff are then required to read and sign a record held by management to indicate they have read it.

The interpretation of MOH requirements by management indicates a conventional "top-down" behaviour change paradigm has been adopted similar to that described by Shove (2010) and Hargreaves (2011). The focus of child protection obligations now rests on employees' individual actions and cognitive abilities. This is supported by the implementation of three fundamental material elements. These include 1) an organisational child protection policy; 2) an established reporting system; and 3) two existing communication instruments including email and induction packs. However, as recognised by Strengers (2010), rules and materials are valuable, but alone they are unable to establish or transform a practice.

### **5.3 A practice of child protection in the Organisation?**

It is difficult to illuminate a *practice* of child protection across the Organisation which corresponds with Reckwitz's (2002) definition. The organisational rules and material elements exist, but the elements of meanings and competences are indeterminate. For example, the aviation-centric personnel do not perceive child protection as relevant to their role, therefore it holds no *meaning* to them, and they have little *competence* to perform it. However, medical crew members appear to share a mutual

understanding of what a child protection practice means and why it matters. Across the Organisation this disparity has hindered the *intra-connections* between these three critical elements and a “block” of elements cannot establish. As stressed by Shove and Pantzar (2005) all three elements are requisite for embedding change in practice and must be considered, together with their associated intra-connections (Pantzar & Shove, 2010).

Despite records confirming staff have sighted the *material* elements comprising the email communication and child protection policy document, the findings confirm staff awareness of child protection remains limited. Therefore, staff make sense of child protection by drawing on their own embedded knowledge and experiences. Past and present work histories and parenting practices appear influential in establishing an accepted organisational child protection practice. This correlates with Shove et al., (2012) and Maller (2015) who highlight the necessity of considering *interconnections* between practices to achieve change. To ensure a common understanding is shared across the Organisation, child protection must first be clearly understood at the management level, then communicated through clear explanation of its purpose and relevance to staff.

Organisation-wide relevance of child protection appears closely affiliated with staff roles. For staff such as pilots and engineers, everyday practices are embedded in the application of aviation-centric technical and operational knowledge, experience and know-how. Consequently, they question the relevance of child protection as it does not form part of their habitual routines and is therefore perceived as “not fitting” (Spotswood et al., 2015). These sentiments are echoed by Manager 1 who holds an administrative role and feels “reasonably disconnected” (see section 4.3) from contact with children.

All staff interviewed recognise and associate child protection with the role of the medical crew. Staff holding aviation focused roles acknowledge they frequently observe the aeromedical crew attending to patients, including children. This association has been learned through repeated past and present experiences which reinforce perceptions that child protection is linked to this particular role. This correlates with explanations provided by Spotswood et al., (2015) and Rettie et al., (2012) that performance and observation of a practice can influence its acceptability and concurs with the suggestion that practices become attached to particular places (Shove et al, 2012). In this sense, wherever the medical crew are located, child protection follows.

Multiple practices are performed in the everyday operation of this busy general aviation company which undertakes an array of flying operations. At the management level practices include handling everyday workplace business, facilitating meetings and applying for funding. On the frontline, pilots are primarily flying and navigating aircraft, engineers are maintaining and fixing aircraft, and the medical crew are providing appropriate levels of care to patients. However, these essential practices

which ensure the smooth delivery of services, side-line the practice of child protection. This substantiates claims that practices may “cohere or compete” (Shove et al., 2012) and in this case undermine the practice of child protection by anyone other than the medical crew.

The meaning of child protection in the Organisation is closely correlated with administration to ensure compliance with contractual obligations. Additionally, there are strong assumptions and socially accepted understandings surrounding the longstanding relationship with St. John which directly influence common understandings regarding the relevance of child protection to the Organisation as a general aviation operator. At a management level the meaning and significance of child protection remains unclear and measures continue to be informally aligned to those staff members likely to have most contact with children. This incoherence regarding child protection meanings and demarcation of roles is mirrored by frontline staff who attribute meanings to not only child protection, but also their role and place in the organisation. This ultimately influences the performance of child protection as a “practice” within the Organisation and supports the proposition that competence and experience inform socially acceptable and unacceptable ways of making sense of the world which in turn legitimises norms and creates preferred intentions (Shove et al., 2012).

Most staff interviewed see value in acquiring a level of child protection competence, however it seems that the requirement for child protection knowledge and know-how varies across the Organisation. As the results show, the meaning of “contact” appears to have been interpreted at the management level to infer “hands on” contact, and thus considered to only apply to the medical crew (see section 4.2). While debated, the findings show *all* aeromedical personnel including the medical crew and pilots, come into contact with children as defined in section 21 of the Children’s Act. Retrieving patients is part of their work practices and as such these staff see, hear and communicate with children in various locations. Therefore, developing a shared meaning and competence which provides opportunities to learn and regularly apply child protection skills appears particularly important to informing a child protection practice between these particular staff members. Furthermore, it appears in this instance that a targeted approach to policy implementation for changing child protection practice could be appropriate. Section 4.4 identifies that the Organisation’s policy document provides staff with a material assessment and reporting framework. However, staff remain unclear about how to use it. As highlighted by Crew 1 and Crew 2, more explicit guidelines or a “simple flow chart” could support this. *Practical* training which provides the aeromedical staff with the knowledge and skills required to use this material element would be appropriate, in addition to “awareness” training which focuses on what child protection is and why it matters. This may assist an organisational child protection “block” of practice to be established.

While equally unclear about the meaning of “contact” and subsequent purpose of child protection within the Organisation, the medical crew appear to be the only performers of this practice at the present time. This is informed by common historical and cultural knowledge and experience of child protection acquired from previous employment with St John. Shared meanings and competences are now applied to their current medical crew role. They understand child protection as an “accepted” practice (Strengers, 2010) which has been embedded through repetition across time and space (Reckwitz, 2002; Strengers, 2010; Shove et al., 2012). Application of this previous child protection practice to the current context of the Organisation, demonstrates that practices can be “carried” across cultural contexts (Reckwitz, 2002; Pantzar & Shove, 2010). As skilled performers, past and present experiences allow them to communicate via non-verbal cues such as subtle facial expressions which are shared between themselves during flights if they have concerns for a child’s wellbeing.

Ambiguity regarding the Organisation’s child protection practice has facilitated innovation of the medical crews’ past practices to inform new practices in the current context and correlates with the understanding of Maller and Strengers (2013, as cited in Maller, 2015). This is demonstrated by the emergence of a documentation practice. The results show that documentation is not provided for under the Organisation’s policy, but from past experiences the medical crew are aware documenting concerns is an important part of child protection practice. Therefore, one of these crew has informally adopted the use of a notebook to continue “accepted” practice.

As existing performers of a child protection practice, the medical crew appear to provide the Organisation with a valuable reserve of existing elements which have proven to endure and exist over time and location. While this has been acknowledged in part by Manager 1 suggesting the Crew will “help guide” the implementation of the Organisation’s child protection policy (see section 4.3), it seems essential for the Organisation to nurture this established child protection practice, building on the elements transferred by the medical crew to further the evolution of a wider child protection practice.

When considering enabling transformational change of child protection practice, ultimately it requires a whole child protection system approach. The results suggest powerful decisionmakers are unclear about the practice of child protection. As noted in 2014, the Social Development Minister believes that addressing child protection issues requires only the material element of a policy with the right training (see section 4.4). This paradigm has been subsequently translated into the Children’s Act 2014. With no apparent shared meaning or competence at this State level, this ambiguity is transferred to prescribed State services such as the MOH. Similar to the results showing that performers draw on interconnected practices to make sense of child protection requirements, the MOH do the same when interpreting legislation in an environment of opaque guidance. As a State service they will also be

required to meet a number of legislative mandates in their everyday practices, for example processing of tendering documents. This will influence their interpretation of child protection practice which flows through to their contracted service providers, such as the Organisation and St. John. This is evidenced by the general statement inserted into tendering documents requiring child protection policies and processes to be operational to secure funding arrangements. This further reflects a lack of guidance and understanding to their providers allowing child protection practice to be focused around a “box-ticking” exercise. Correspondingly, individual organisations cannot be expected to transform child protection practice when there is no clear collective understanding about what it is for and why it matters.

## 5.4 Summary

In drawing together the results in Chapter 4, with relevant literature presented in Chapter 2, I have discussed the Organisation’s child protection practice. I suggest the conventional “top-down” behaviour change model frequently adopted by institutions to provide transformational outcomes has been replicated by the State and the Organisation in their policy responses to the directives enacted in the Children’s Act 2014. Within the Organisation, this has been experienced as a lack of explicit guidance from influential funding bodies resulting in a child protection practice that has been open to interpretation. Drawing on existing knowledge and experience, the *rules* surrounding the adoption of a child protection policy and safety checking of staff appear to have been debated and manipulated with reference to *interrelated* existing practices, such as civil aviation identity checking. This has enabled “box-ticking” by the Organisation to achieve contractual compliance.

While the Organisation’s management team have fulfilled funding obligations by implementing organisation-wide *material* elements, I propose disparate *meanings* and levels of *competence* of child protection practice is evident among its staff. This is in part due to the aviation-centric nature of staff roles and responsibilities, a lack of *intra-connections* between elements, and traditional ingrained practices aligning child protection issues with health-related staff members. I have discussed the apparent *carriage* of child protection practice by the medical crew, who have drawn on previous knowledge and experience garnered from shared past employment.



## Chapter 6

### Conclusion

This research has set out to understand what impact the enactment of the Children's Act 2014 has had on a State services contracted service provider. A case study of a medium-sized, private organisation in receipt of government funding from the MOH has framed this examination. Together with relevant documentary evidence, seven semi-structured interviews with employees of the organisation were analysed through the lens of practice theory, allowing a broader, more contextual analysis of the practices involved. The results illustrated child protection practices which existed prior to this legislation's introduction, described measures undertaken to meet legislative and contractual requirements and highlighted fundamental issues with the current approaches to policy implementation. This research commenced by posing five specific research questions which can now be answered.

#### 6.1 Summary of findings

- *What child protection policies and procedures, if any, existed within the organisation prior to the enactment of the Children's Act 2014?*

Prior to legislative requirements, the Organisation had no formalised child protection policies or procedures in place for its employees. Instead, it has been a long-standing practice for staff to informally refer any child protection concerns to those holding the roles of the medical crew.

- *What changes, if any, have been necessary to ensure the organisation's compliance with child protection legislative and funding obligations?*

The enactment of the Children's Act 2014 required contracted service providers to State services such as the MOH, to adopt child protection policies and safety checking procedures. The Organisation became aware of these new funding requirements when reading relevant MOH documents prior to entering their tender. To ensure compliance and meet contractual obligations, a child protection policy which meets regulatory identification and reporting requirements, has been operationalised. An already established CAA background identity check fulfils safety checking directives.

- *What strategies have been employed by the organisation to support the implementation of any child protection policies and procedures?*

All employees have been made aware of the Organisation's child protection policy by a circulated email and/or through receiving a copy in their induction packs. Established organisational practices such as reporting and safety checking procedures have been engaged to address legislative requirements.

- *How effective have these strategies been in transforming child protection practices?*

While legislative requirements have been satisfied, long-established practices of referring child protection issues to staff holding particular medical roles and undertaking CAA compliant identity checks have continued. This is due to the lack of shared understanding about what child protection policies and procedures are for and why they matter. Across the Organisation there is no consistent child protection practice as meanings and competences differ. With little guidance to support the use of child protection infrastructure, the rules and materials have been left open to interpretation. All staff at all levels make sense of child protection by drawing on their own experiences and knowledge. At a management level this has resulted in a child protection practice which only coexists with meeting funding requirements. On the frontline, aviation-centric and administrative staff query the relevance of child protection to their roles and subsequently maintain existing practices of referring to the medical Crew. It can therefore be concluded that alone, child protection policy and safety checking provisions contained within the Children's Act 2014 have been ineffective in transforming the Organisation's child protection practice.

## **6.2 Implications**

The linear approach adopted by decisionmakers to transform behaviours continues to dominate much of New Zealand's social policy. This research focussed on a contracted service provider to the MOH and shows that the enactment of legislation alone has been unable to produce transformative change. In fact, while the Children's Act 2014 set out to improve the wellbeing of vulnerable children by changing the practice of child protection with child protection policies and safety checking measures, children appear to have been side-lined. Child protection practice only seems to exist to satisfy the requirements of the MOH and represents a box-ticking exercise which is linear in process. Despite good intentions, the Organisation has responded with a similar "top-down" approach which superficially meets contractual obligations to secure funding.

By examining the elements of child protection practice, this study has critiqued this linear paradigm. The practice elements of rules, materials, meanings, and competences have offered an alternative perspective to child protection and presents the importance of shared understandings amongst all performers, from government institutions to service providers to individuals. The results clearly validate the existing body of practice theory literature which critiques transforming practice by relying on policies alone. It requires all performers to understand what the policy is for and why it matters.

Without this understanding, performers are left to make sense of these policies from existing knowledge and past experiences. To enable this requires repeated promotion of the materials and an acknowledgement, understanding and integration of all practice elements by policymakers.

To transform child protection practice, there must be a shared understanding of child protection meaning and competence which exists between all performers, at all levels and throughout the child protection system. Additionally, established practices must be acknowledged as these are influential in interpreting child protection. The case study highlighted this clearly through aligning the practice of child protection to certain roles. Technical, administrative and aviation-centric roles are divorced from child protection practice, as they do not share the same common understanding of the elements. However, medically trained crew members sharing meanings and competence carried through time and space from past experiences have a habitualised child protection practice, informing its reproduction in the current context.

Decisionmakers are encouraged to take a more contextualised approach to policy initiatives and consider the individual elements of practice, together with competing or complementary practices which are influential in transformation. This requires understanding the various roles and responsibilities at play and the subsequent relevance of child protection policies to individual performers. “Blanket” child protection policies are ineffective in creating change in practice. Within the Organisation, this means the policy’s relevance may only be attributable to those staff engaged in the aeromedical services who may have interactions with children, rather than the whole organisation. This formalises the medical crew’s established practice and is further enhanced by extending this practice to recruit the remaining multidisciplinary team, i.e. the pilots.

### **6.3 Limitations and suggestions for future research**

The scope and scale of this research has presented several limitations. Taking a solitary case study focussing on a medium-sized private provider of services contracted by the MOH confined the number of participants. Time limitations precluded expansion of this investigation to include other contracted providers of services impacted by child protection legislative changes. However, this research has allowed an in-depth analysis of child protection practice which has highlighted and supported practice theory concepts, benefiting child protection policy implementation. While focused on this policy implementation, this research is equally relevant to the broader social policy field and contributes to the body of literature critiquing linear or “top-down” approaches enabling transformational change.

Building on this study, further research engaging other MOH contracted providers of child services would be advantageous, specifically how the MOH contracts with them. A study of child protection practice within St. John could also provide further insights into common understandings of child

protection meanings and competences, moving towards a shared understanding throughout the wider child protection system. Additionally, using these results and recommendations to improve implementation of policy could facilitate further research analysing their application. Ultimately, this research hopes to generate genuine interest beyond box-ticking to improve outcomes for all children.

## References

- Ardern, J. (2013, September 17). The Vulnerable Children's Bill. *First Reading*, 693, 13382.
- Ardern, J. (2014, May 13). Vulnerable Children Bill. *New Zealand Parliamentary Debates*, 698, 17801.
- Ball, C., Tumen, S., Crichton, S., & Templeton, R. (2016). *Characteristics of Children at Greater Risk of Poor Outcomes as Adults (AP 16/01)*. Retrieved from <https://treasury.govt.nz/publications/ap/characteristics-children-greater-risk-poor-outcomes-adults-ap-16-01#formats>
- Bennett, P. (2014, April 15). Vulnerable Children Bill. *New Zealand Parliamentary Debates*, 698; 17262.
- Berger, R. (2015). Now I see it, now I don't: researcher's position and reflexivity in qualitative research. *Qualitative Research*, 15(2), 219-234.
- Blue, S. S. (2016). Theories of practice and public health: Understanding (un)healthy practices. *Critical Public Health*, 26(1), 1-15.
- Boston, J., & Chapple, S. (2014). *Child Poverty in New Zealand*. Wellington, New Zealand: Bridget Williams Books.
- Budiselika, W., Crawford, F., & Squelch, J. (2009). The Limits of Working with Children Cards in Protecting Children. . . *Australian Social Work*, 62(3), 339-352.
- Cadman, C. (2013). Employee training: ticking the box or building business competence? *Industrial and Commercial Training*, 24(1), 32-35.
- Charmaz, K., & Belgrave, L. L. (2012). Qualitative Interviewing and Grounded Theory Analysis. In J. F. Gubrium, J. A. Holstein, A. B. Marvasti, & K. D. McKinney (Eds.), *The Sage Handbook of Interview Research: The Complexity of the Craft (2nd ed.)* (pp. 347-367). Thousand Oaks, California: Sage Publications Ltd.
- Child Matters. (n.d.). *Safer recruitment, Safer children: Guidance for choosing safe people to work with children*. Retrieved from <http://www.childmatters.org.nz/file/Resources-page/safer-recruitment-safer-children-fa-2.pdf>
- Children's Act 2014.
- Children's Amendment Act 2018.
- Children's Action Plan. (2015a). *Safer organisations Safer children*. Retrieved from <https://www.orangatamariki.govt.nz/assets/Uploads/Safer-Organisations-safer-children.pdf>
- Children's Action Plan. (2015b). *Children's worker safety checking under the Vulnerable Children Act 2014*. Retrieved from <http://www.victiminfo.govt.nz/assets/Guidelines-and-standards/Childrens-worker-safety-checking-under-the-Vulnerable-Children-Act-RC-v1-02.pdf>
- Children's Action Plan. (2015c). *Safer recruitment Safer children*. Retrieved from <http://www.childmatters.org.nz/file/Resources-page/safer-recruitment-safer-children-fa-2.pdf>
- Christians, C. G. (2000). Ethics and politics in qualitative research. In N. K. Denzin, & Y. S. Lincoln, *Handbook of qualitative research* (pp. 133-155). Thousand Oaks, California: Sage.

Civil Aviation Act 1990.

Civil Aviation Authority of New Zealand. (2016). *Part 20, Safety Management*. Retrieved from [https://www.aviation.govt.nz/assets/rules/consolidations/Part\\_100\\_Consolidation.pdf](https://www.aviation.govt.nz/assets/rules/consolidations/Part_100_Consolidation.pdf)

Civil Aviation Authority of New Zealand. (2017). *Part 19, Transition Rules*. Retrieved from [https://www.aviation.govt.nz/assets/rules/consolidations/Part\\_019\\_Consolidation.pdf](https://www.aviation.govt.nz/assets/rules/consolidations/Part_019_Consolidation.pdf)

Civil Aviation Authority of New Zealand. (n.d). *SMS - Safety management systems*. Retrieved from <https://www.aviation.govt.nz/safety/sms-safety-management-systems/>

Cloke, P., Cook, I., Crang, P., Goodwin, M., Painter, J., & Philo, C. (2004). *Practising human geography*. London: SAGE Publications Ltd.

Cox, P., & Bunte, H. (2018). Social practices and the importance of context. In K. Graftl, H. Bunte, K. Dziekan, & H. Haubold, *Framing the Third Cycling Century: Bridging the Gap between Research and Practice* (pp. 122-131). Dessau-Roßlau, Deutschland: German Environment Agency.

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). California, USA: Sage.

Crowe, C., Creswell, K., Robertson, A., Guro, H., Avery, A., & Sheikh, A. (2011). The case study approach. *BMC Medical Research Methodology*, 11(100), 1771-2288.

D'Souza, A. J., Turner, N., Simmers, D., Craig, E., & Dowell, T. (2012). Every child to thrive, belong and achieve? Time to reflect and act in New Zealand. *The New Zealand Medical Journal*, 125(1352), 71-80.

Davey, C. (2012). *The role of safeguarding in child protection systems – is your house in order?* Retrieved from [https://www.keepingchildrensafe.org.uk/sites/default/files/The%20role%20of%20safeguarding%20in%20child%20protection%20systems%20-%20is%20your%20house%20in%20order\\_0.pdf](https://www.keepingchildrensafe.org.uk/sites/default/files/The%20role%20of%20safeguarding%20in%20child%20protection%20systems%20-%20is%20your%20house%20in%20order_0.pdf)

Edwards, R., & Mauthner, M. (2002). Ethics and feminist research: Theory and practice. In M. Mauthner, M. Birch, J. Jessop, & T. Miller, *Ethics in qualitative research* (pp. 14-31). London, UK: Sage.

Etherington, K. (2007). Ethical Research in Reflexive Relationships. *Qualitative Inquiry*, 13(5), 599-616.

Flick, U. (2009). *An introduction to qualitative research (4th ed.)*. London: SAGE Publications Ltd.

Fluke, J. D., & Wulczyn, F. (2010). *Discussion Paper: A Concept Note on Child Protection Systems Monitoring and Evaluation*. Retrieved from Unicef: [https://www.unicef.org/protection/Concept\\_Note\\_on\\_Child\\_Protection\\_revised\\_160710\\_final2.pdf](https://www.unicef.org/protection/Concept_Note_on_Child_Protection_revised_160710_final2.pdf)

Freeman, M. (2007). Why it remains important to take children's rights seriously. *International Journal of Children's Rights*, 15(1), 5-23.

Galetta, A. (2013). *Mastering the semi-structured interview and beyond: From research design to analysis and publication*. New York, USA: New York University Press.

- Gammon, R. (2016). *Family violence: New Zealand's dirty little secret*. Retrieved from [http://www.massey.ac.nz/massey/about-massey/news/article.cfm?mnarticle\\_uuid=C61AEFE4-B1D7-0794-48A1-CFA90FEDDEFF](http://www.massey.ac.nz/massey/about-massey/news/article.cfm?mnarticle_uuid=C61AEFE4-B1D7-0794-48A1-CFA90FEDDEFF)
- Gilbert, N., Parton, N., & Skivenes, M. (2011). *Child protection systems: International trends and orientations*. Oxford, UK: Oxford University Press.
- Gill, T. (2007). *No fear: Growing up in a risk averse society*. London: Calouste Gulbenkian Foundation.
- Glover, A. (2013). *Should it Stay or Should it Go?: Social Practices of Material*. Retrieved from <https://www.scorai.org/wp-content/uploads/SCORAI2013AGlover.pdf>
- Green, J., & Thorogood, N. (2009). *Qualitative methods for health reasearch* (2 ed.). Los Angeles, USA: Sage.
- Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied thematic analysis*. Los Angeles: Sage Publications.
- Hargreaves, T. (2011). Practice-ing behaviour change: Applying social practice theory to pro-environmental behaviour change. *Journal of Consumer Culture*, 11(1), 79-99.
- Henaghan, M., & Nicholson, M. (2014). Family Law. *New Zealand Law Review*, 2014, 321-709.
- Human Rights Commission. (2018). *Submission on the Child Poverty Reduction Bill*. Retrieved from [https://www.hrc.co.nz/files/1315/2280/8833/2018\\_04\\_04\\_Submission\\_on\\_the\\_Child\\_Pover ty\\_Reduction\\_Bill\\_-\\_Human\\_Rights\\_Commission.pdf](https://www.hrc.co.nz/files/1315/2280/8833/2018_04_04_Submission_on_the_Child_Pover ty_Reduction_Bill_-_Human_Rights_Commission.pdf)
- Irenyi, M., Bromfield, L., Beyer, L., & Higgins, D. (2006). *Child maltreatment in organisations: Risk factors and strategies for prevention*. Melbourne: National Child Protection Clearing House, Australian Institute of Family Studies.
- Judson, E., & Maller, C. (2014). Housing renovations and energy efficiency: Insights from homeowners' practices. *Building Research & Information*, 42(4), 1-11.
- Katz, I., Cortis, N., Shlonsky, A., & Mildon, R. (2015). *Modernising Child Protection in New Zealand: Learning from system reforms in other jurisdictions (SPRC Report [to follow]/2015)*. Sydney: Social Policy Research Centre, UNSW Australia.
- Kaufman, N., & Rizzini, I. (2009). Closing the Gap Between Rights and the Realities of Children's Lives. In J. Qvortrup, W. Corsaro, & M. H. (Eds.), *The Palgrave Handbook of Childhood Studies* (pp. 422-434). London, England: Palgrave Macmillan UK.
- Keddell, E. (2016). Child Protection Reform and Welfare Reform in Aotearoa New Zealand: Two Sides of the Same Coin? . In J. Maidment, & L. B. (Eds.), *Social Policy for Social Work and Human Services in Aotearoa New Zealand* (pp. 237-251). Wellington: Canterbury University Press.
- Keddell, E. (2018). The vulnerable child in neoliberal contexts: the construction of children in the Aotearoa New Zealand child protection reforms. *Childhood*, 25(1), 93 –108.
- Lawson, D., & Niven, B. ( 2014). The Impact of Mandatory Reporting Legislation on New Zealand Secondary School Students' Attitudes Towards Disclosure of Child Abuse . *International Journal of Children's Rights*, 23(2015), 491-528.
- League of Nations. (1924). *Geneva Declaration of the Rights of the Child*. Retrieved from <http://www.un-documents.net/gdrc1924.htm>

- Longhurst, R. (2009). Interviews: in-depth, semi-structured. In R. Kitchin, & N. T. (Eds.), *International encyclopaedia of human geography* (pp. 580-584). Oxford, England: Elsevier.
- Maller, C. (2015). Understanding health through social practices: performance and materiality in everyday life. *Sociology of Health & Illness*, 37(1), 52-66.
- Merriam, S., & Tisdell, E. (2015). *Qualitative research: A guide to design and implementation* (4th ed.). San Francisco: John Wiley & Sons Inc.
- Ministry of Health. (2019). *National Ambulance Sector Office (NASO)*. Retrieved from <https://www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/national-ambulance-sector-office-naso>
- Ministry of Social Development. (2011). *Every Child Thrives, Belongs, Achieves: The Green Paper for Vulnerable Children*. Wellington, NZ: New Zealand Government.
- Ministry of Social Development. (2012a). *Summary of Submissions on the Green Paper for Vulnerable Children*. Retrieved from <https://www.orangatamariki.govt.nz/assets/Uploads/Documents/the-green-paper-for-vulnerable-children-onepage-summary2.pdf>
- Ministry of Social Development. (2012b). *The White Paper for Vulnerable Children, Volume 1*. Retrieved from <https://www.orangatamariki.govt.nz/assets/Uploads/white-paper-for-vulnerable-children-volume-1.pdf>
- Ministry of Social Development. (2015). *Modernising Child Youth and Family- Expert Panel: Interim Report*. Retrieved from <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/evaluation/modernising-cyf/interim-report-expert-panel.pdf>
- National Ambulance Sector Office, Ministry of Health. (n.d.). *Request for Proposals Response Form: Air Ambulance Helicopter Service*. Unpublished.
- Nicolini, D. (2013). *Practice theory, work, and organization: An introduction*. Oxford, UK: Oxford University Press.
- O'Brien, M. (2016). The triplets: Investment in outcomes for the vulnerable – reshaping social services for (some) New Zealand children. *Aotearoa New Zealand Social Work*, 28(2), 9-21.
- OECD. (2009). *Doing Better for Children*. Retrieved from <https://www.oecd.org/els/family/doingbetterforchildren.htm>
- Pantzar, M., & Shove, E. (2010). Understanding innovation in practice: a discussion of the production and reproduction of Nordic Walking. *Technology Analysis and Strategic Management*, 22(4), 447-462.
- Price-Robertson, R., Bromfield, L., & Lamont, A. (2014). *International approaches to child protection What can Australia learn?* Retrieved from <https://aifs.gov.au/cfca/publications/international-approaches-child-protection>
- Reckwitz, A. (2002). Toward a Theory of Social Practices: A Development in Culturalist Theorizing. *European Journal of Social Theory*, 5(2), 243-263.
- Rettie, R., Burchell, K., & Riley, D. (2012). Normalising green behaviours: a new approach to sustainability marketing. *European Journal of Social Theory*, 28(3-4), 420-444.
- Shatzki, T. R. (2002). *The Site of the Social: a Philosophical Account of the Constitution of Social Life and Change*. Pennsylvania, USA: The Pennsylvania State University Press .



- Shove, E. (2010). Beyond the ABC: Climate Change Policy and Theories of Social Change. *Environment and Planning A*, 42(6), 1273-1285.
- Shove, E., & Pantzar, M. (2005). Consumers, producers and practices: Understanding the invention and reinvention of Nordic walking. *Journal of Consumer Culture*, 5, 43-64.
- Shove, E., Pantzar, M., & Watson, M. (2012). *The Dynamics of Social Practice: Everyday Life and How it Changes*. London: SAGE Publications.
- Spotswood, F., Chatterton, T., Tapp, A., & Williams, D. (2015). Analysing cycling as a social practice: An empiracal grounding for behaviour change. *Transportation Research Part F*, 29, 22-33.
- Strengers, Y. (2010). *Conceptualising everyday practices: composition, reproduction and change*. Retrieved from [https://www.academia.edu/2076806/Conceptualising\\_everyday\\_practices\\_composition\\_reproduction\\_and\\_change](https://www.academia.edu/2076806/Conceptualising_everyday_practices_composition_reproduction_and_change)
- Svevo-Cianci, K., Hart, S., & Robinson, C. (2010). Protecting Children from Violence and Maltreatment: A Qualitative Comparative Analysis Assessing the Implementation of U.N. CRC Article 19. . *Child Abuse & Neglect: The International Journal*, 34(1), 45-56.
- Swanson, R. C., Cattaneo, A., Bradley, E., Chunharas, S., Atun, R., Abbas, K. M., . . . Best, A. (2012). Rethinking health systems strengthening: key systems thinking tools and strategies for transformational change. *Health Policy and Planning*, 27(4), iv54–iv61.
- Sylvan, K., & Franco, L. (2008). Australian Council for Children and Youth Organisations' Safeguarding Children Program. *Child Abuse Prevention Newsletter*, 16(2), 9-13.
- Templeton, R., Crichton, S., Tumen, S., Rea, D., Ota, R., & Smal, D. (2016). *Research Using Administrative Data to Support the Work of the Expert Panel on Modernising Child, Youth and Family*. Retrieved from <https://treasury.govt.nz/sites/default/files/2016-05/ap16-03.pdf>
- Unicef. (2002). *United Nations Special Session on Children*. Retrieved from <https://www.unicef.org/specialsession/rights/path.htm>
- United Nations. (1989). *Convention on the Rights of the Child*. Retrieved from [https://treaties.un.org/doc/Treaties/1990/09/19900902%2003-14%20AM/Ch\\_IV\\_11p.pdf](https://treaties.un.org/doc/Treaties/1990/09/19900902%2003-14%20AM/Ch_IV_11p.pdf)
- United Nations. (2006). *Report of the independent expert for the United Nations study on violence against children*. Retrieved from [https://www.unicef.org/violencestudy/reports/SG\\_violencestudy\\_en.pdf](https://www.unicef.org/violencestudy/reports/SG_violencestudy_en.pdf)
- Vaismoradi, M., Jones, J., Turunen, H., & Snelgrove, S. (2016). Theme development in qualitative content analysis and thematic analysis. *Journal of Nursing Education and Practice*, 6(5), 100-110.
- Vulnerable Children Bill 2013.
- Warde, A. (2005). Consumption and theories of practice. *Journal of consumer culture*, 5(2), 131-153.
- Yin, R. K. (2003). *Case study research: Design and methods (3rd ed. Vol. 5)*. California: Sage Publications Ltd.

# **Appendix A**

## **Research Information Sheet**

### **Introduction and invitation**

I would like to invite you to participate in a study entitled “Reforming the Child Protection System in New Zealand: How does a publicly funded private provider of child services contribute?”.

### **What is the aim of the project?**

The research aims to understand what impact the New Zealand child protection reforms have had on organisations which provide services to children. I hope to explore the challenges and opportunities for a provider of children’s services in developing and implementing child safeguarding practices outlined in the Children’s Act 2014 which meet legislative and funding/contractual obligations. As a case study I am focussing on [the Organisation]. I plan to speak to several people within the organisation to discuss how relevant policies are put into practice. My aim is not to assign blame to individuals, instead I hope to use research findings to identify how private organisations implement child protection policy and highlight areas for improvement.

This study will be undertaken by myself and contribute to my Master of Planning from Lincoln University.

### **What types of participants are being sought?**

I am inviting a number of staff members employed by [the Organisation], and who work across varying departments of the organisation, to participate in this study. Participation is not required by [the Organisation] and is entirely voluntary with no obligation to take part.

### **What will you be asked to do?**

If you agree to participate, I will ask you to take part in an interview. You will be asked questions on the following topics:

- Your professional role, including any involvement or contact you may have with children,
- Your understanding of protecting children in New Zealand,
- How the Organisation manages situations involving children,
- Your opinions on these practices.

The interview is expected to take approximately 90 minutes at a time and place convenient to you and would be completely anonymous. This means [the Organisation] will not be party to any identifying details of our conversation. Only my supervisor and I will have access to the information you provide.

The interview will be tape recorded with your consent; otherwise, I will take written notes during the interview. You will be advised of any direct quotes to be used in the final report at least 8 weeks prior to it being submitted for academic marking. You are welcome to revise/withdraw any quotations used in final report of results and are free to withdraw completely from this research at any time and up to 4 weeks after the interview.

### **How will the data be used?**

The information provided in the interview transcript and notes will be used to support the final compilation of my dissertation. This will be submitted to Lincoln University for marking and at a later date made publicly available via the Lincoln University Library website. A copy of this dissertation will also be shared with [the Organisation] who may choose to use it for informing future operational management in providing services to children.

As previously stated, you can withdraw from the discussion and withhold any information provided at any time during the interview and up to 4 weeks after the interview. This would result in the withdrawal of any information you have provided thus far.

Your personal information will remain confidential. To ensure anonymity all data collected will be stored in a locked cabinet at Lincoln University, or on a password secured computer system. Identifying features (such as your name and specific job title) will be removed from the transcript/interview notes to ensure your anonymity.

### **What if you have any questions?**

The project is being carried out by:

Hannah Staines  
Faculty of Environment, Society & Design  
Lincoln University  
E-mail: [hannah.staines@lincolnuni.ac.nz](mailto:hannah.staines@lincolnuni.ac.nz)  
Ph: 0223509516

I will be pleased to discuss any concerns you have about participation in the project. Alternatively, you could contact the supervisor of this project:

Sarah Edwards  
Supervisor  
Faculty of Environment, Society & Design  
Lincoln University  
E-mail: [sarah.edwards@lincoln.ac.nz](mailto:sarah.edwards@lincoln.ac.nz)  
Ph: 0211552536

## Appendix B

### Consent Form

#### **Making sense of child protection practice: Enabling transformational change**

I have read and understood the description of the above-named project. On this basis I agree to participate in the project, and I consent to the use of results of the project for academic purposes as appropriate with the understanding that every effort will be undertaken to maintain my anonymity.

I give permission/do not give permission\* for the interview to be tape recorded.

I give permission for interview notes to be taken.

I understand that:

- My participation is not required by [The Organisation] and is entirely voluntary with no obligation to take part;
- I may withdraw from the project at any time up until 4 weeks after the interview. This would result in the withdrawal of any information I have provided;
- Any quotations taken from the interview and used in the final write-up will be sent to me for checking first.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
\_/\_/\_\_\_\_

*\*please delete as appropriate*

## **Appendix C**

### **Interview Questions**

Semi-structured interviews will allow research questions to be asked of each interviewee which cover considered predefined themes. Interviewee will be encouraged to answer questions from their own individual professional knowledge and understanding. The following questions provide an idea of what each interviewee will be asked.

#### **C.1 Management team**

1. What is your role and how long have you worked for [The Organisation]?
2. Does your role at work bring you into contact with children?
3. What is your understanding of 'child protection'?
4. What is your understanding of the New Zealand child protection reforms undertaken in 2014 and their relevance to addressing child maltreatment?
5. Can you describe in what capacity [The Organisation] has contact with children?
6. What child protection policies or procedures did [The Organisation] employ prior to the enactment of the Children's Act 2014, and were these applied across all of [The Organisation's] operations?
7. What changes were required by [The Organisation] to ensure compliance with legislative and funding obligations?
8. What strategies has [The Organisation] employed to support the implementation of any policies or procedures?
9. How effective have these strategies been?
10. In your opinion what are the strengths of introducing child protection to [The Organisation]?
11. Are there any areas for improvement in protection practice in the organisation?

#### **C.2 Frontline staff**

1. What is your role and how long have you worked for [The Organisation]?
2. Does your role at work bring you into contact with children?
3. What is your understanding of 'child protection'?
4. Who do you think is responsible for the safety and wellbeing of children in the workplace?
5. Have you ever had a worry or concern about a child or young person whilst at work and if so, what did you do? If not, what would you do if you did have a worry or concern?
6. Have you ever attended any specific child protection training or information sessions? If so,
  - What was involved?

- Did you find it useful?
  - Why was this?
7. In your role, how confident do you feel you could recognise a concern about a child or adult/parent and where to access support?
  8. In your opinion what are the strengths of child protection in [The Organisation]?
  9. Are there any areas for improvement in child protection practice for the organisation?